

**LAW ENFORCEMENT AND SHERIFF'S SUPERVISORY
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2025**

County contribution based on 80/80/80 of the 2025 premium for
Blue Shield Access+ HMO

| 2025 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|--------|----------|
| | PEMHCA | FHA |
| EE | 158.00 | 778.14 |
| EE + 1 | 158.00 | 1,714.27 |
| EE + 2 | 158.00 | 2,275.95 |

| Monthly Premium | MONTHLY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST |
|-----------------|--|-----------------------|--------------------|------------------|--|---------------|--------------------|
| | TOTAL* Contribution | = PEMHCA Contribution | + FHA Contribution | EE Cost For Plan | EE Cost Admin <small>0.24% of premium</small> | Total EE Cost | |

BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,170.17 | 936.14 | 158.00 | 778.14 | 234.03 | 2.81 | 236.84 | 118.42 |
| EE + 1 | 2,340.34 | 1,872.27 | 158.00 | 1,714.27 | 468.07 | 5.62 | 473.69 | 236.85 |
| EE + 2 | 3,042.44 | 2,433.95 | 158.00 | 2,275.95 | 608.49 | 7.30 | 615.79 | 307.90 |

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,134.79 | 936.14 | 158.00 | 778.14 | 198.65 | 2.72 | 201.37 | 100.69 |
| EE + 1 | 2,269.58 | 1,872.27 | 158.00 | 1,714.27 | 397.31 | 5.45 | 402.76 | 201.38 |
| EE + 2 | 2,950.45 | 2,433.95 | 158.00 | 2,275.95 | 516.50 | 7.08 | 523.58 | 261.79 |

ANTHEM HMO SELECT (Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,256.65 | 936.14 | 158.00 | 778.14 | 320.51 | 3.02 | 323.53 | 161.77 |
| EE + 1 | 2,513.30 | 1,872.27 | 158.00 | 1,714.27 | 641.03 | 6.03 | 647.06 | 323.53 |
| EE + 2 | 3,267.29 | 2,433.95 | 158.00 | 2,275.95 | 833.34 | 7.84 | 841.18 | 420.59 |

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|----------|------|----------|--------|
| EE | 1,500.40 | 936.14 | 158.00 | 778.14 | 564.26 | 3.60 | 567.86 | 283.93 |
| EE + 1 | 3,000.80 | 1,872.27 | 158.00 | 1,714.27 | 1,128.53 | 7.20 | 1,135.73 | 567.87 |
| EE + 2 | 3,901.04 | 2,433.95 | 158.00 | 2,275.95 | 1,467.09 | 9.36 | 1,476.45 | 738.23 |

UNITEDHEALTHCARE SIGNATUREVALUE ALLIANCE HMO (Palo Alto Medical Foundation)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,184.58 | 936.14 | 158.00 | 778.14 | 248.44 | 2.84 | 251.28 | 125.64 |
| EE + 1 | 2,369.16 | 1,872.27 | 158.00 | 1,714.27 | 496.89 | 5.69 | 502.58 | 251.29 |
| EE + 2 | 3,079.91 | 2,433.95 | 158.00 | 2,275.95 | 645.96 | 7.39 | 653.35 | 326.68 |

UNITEDHEALTHCARE SIGNATUREVALUE HARMONY HMO (Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|-------|
| EE | 1,005.02 | 936.14 | 158.00 | 778.14 | 68.88 | 2.41 | 71.29 | 35.65 |
| EE + 1 | 2,010.04 | 1,872.27 | 158.00 | 1,714.27 | 137.77 | 4.82 | 142.59 | 71.30 |
| EE + 2 | 2,613.05 | 2,433.95 | 158.00 | 2,275.95 | 179.10 | 6.27 | 185.37 | 92.69 |

KAISER HMO

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,112.90 | 936.14 | 158.00 | 778.14 | 176.76 | 2.67 | 179.43 | 89.72 |
| EE + 1 | 2,225.80 | 1,872.27 | 158.00 | 1,714.27 | 353.53 | 5.34 | 358.87 | 179.44 |
| EE + 2 | 2,893.54 | 2,433.95 | 158.00 | 2,275.95 | 459.59 | 6.94 | 466.53 | 233.27 |

PERS GOLD PPO (not contracted with PAMF, subject to Non-PPO charges)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,013.70 | 936.14 | 158.00 | 778.14 | 77.56 | 2.43 | 79.99 | 40.00 |
| EE + 1 | 2,027.40 | 1,872.27 | 158.00 | 1,714.27 | 155.13 | 4.87 | 160.00 | 80.00 |
| EE + 2 | 2,635.62 | 2,433.95 | 158.00 | 2,275.95 | 201.67 | 6.33 | 208.00 | 104.00 |

PERS PLATINUM PPO

| | | | | | | | | |
|--------|----------|----------|--------|----------|----------|------|----------|--------|
| EE | 1,476.10 | 936.14 | 158.00 | 778.14 | 539.96 | 3.54 | 543.50 | 271.75 |
| EE + 1 | 2,952.20 | 1,872.27 | 158.00 | 1,714.27 | 1,079.93 | 7.09 | 1,087.02 | 543.51 |
| EE + 2 | 3,837.86 | 2,433.95 | 158.00 | 2,275.95 | 1,403.91 | 9.21 | 1,413.12 | 706.56 |

PORAC (available to only PORAC Association members)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 975.00 | 936.14 | 158.00 | 778.14 | 38.86 | 2.34 | 41.20 | 20.60 |
| EE + 1 | 2,218.00 | 1,872.27 | 158.00 | 1,714.27 | 345.73 | 5.32 | 351.05 | 175.53 |
| EE + 2 | 2,777.00 | 2,433.95 | 158.00 | 2,275.95 | 343.05 | 6.66 | 349.71 | 174.86 |

DELTA PREFERRED OPTION (DPO+) BUY UP OPTION DENTAL COVERAGE

| | | |
|--|-------|-------|
| EE AND DEPENDENTS - ONE FULL YEAR OF ENROLLMENT REQUIRED | 48.00 | 24.00 |
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VISION SERVICE PLAN

| | | |
|---|-------|------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | 17.84 | 8.92 |
|---|-------|------|

EE = employee only
EE+1 = employee plus one dependent
EE+2 = employee plus two or more dependents.

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|--|--------|
| RETIREE | 158.00 |

* Total County Contribution for each enrollment tier is the Minimum Employer Contribution per the Public Employees' Medical and Hospital Care Act (PEMHCA) plus the Flexible Health Allowance (FHA) contribution amount for each corresponding enrollment tier.