Cease *Admin fee from EE cost Effective June 20,2026

LAW ENFORCEMENT AND SHERIFF'S SUPERVISORY
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS

FOR CALENDAR YEAR 2027

County contribution based on 80/80/80 of the 2027 premium for the lowest cost health plan from among Blue Shield Access+ HMO and PERS Platinum (Blue Shield Access+ HMO) per Article 14.1.B.2.a

2027 MONTHLY COUNTY CONTRIBUTIONS	PEMHCA	FHA
EE	167.00	1,016.30
EE + 1	167.00	2,199.59
EE + 2	167.00	2,909.57

	Monthly Premium	MONTHLY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS: TOTAL* Contribution	=	PEMHCA Contribution	+	FHA Contribution	EE MONTHLY COSTS: EE Cost For Plan	*EE Cost Admin (0.08% of premium)	Total EE Cost	EE PAY PERIOD COST
BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Dignity Health Medical Network)										
EE	1,479.12	1,183.30		167.00		1,016.30	295.82	1.18	297.00	148.50
EE +1	2,958.24	2,366.59		167.00		2,199.59	591.65	2.37	594.02	297.01
EE +2	3,845.71	3,076.57		167.00		2,909.57	769.14	3.08	772.22	386.11
BLUE SHIELD TRIO HMO (Dignity Health Medical Network)										
EE	1,202.57	1,183.30		167.00		1,016.30	19.27	0.96	20.23	10.12
EE +1	2,405.14	2,366.59		167.00		2,199.59	38.55	1.92	40.47	20.24
EE +2	3,126.68	3,076.57		167.00		2,909.57	50.11	2.50	52.61	26.31
ANTHEM HMO SELECT (Dignity Health Medical Network)										
EE	1,486.44	1,183.30		167.00		1,016.30	303.14	1.19	304.33	152.17
EE +1	2,972.88	2,366.59		167.00		2,199.59	606.29	2.38	608.67	304.34
EE +2	3,864.74	3,076.57		167.00		2,909.57	788.17	3.09	791.26	395.63
ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Dignity Health Medical Network)										
EE	1,732.52	1,183.30		167.00		1,016.30	549.22	1.39	550.61	275.31
EE +1	3,465.04	2,366.59		167.00		2,199.59	1,098.45	2.77	1,101.22	550.61
EE +2	4,504.55	3,076.57		167.00		2,909.57	1,427.98	3.60	1,431.58	715.79
KAISER HMO										
EE	1,187.63	1,183.30		167.00		1,016.30	4.33	0.95	5.28	2.64
EE +1	2,375.26	2,366.59		167.00		2,199.59	8.67	1.90	10.57	5.29
EE +2	3,087.84	3,076.57		167.00		2,909.57	11.27	2.47	13.74	6.87
PERS GOLD PPO (not contracted with PAMF, subject to Non-PPO charges)										
EE	1,215.17	1,183.30		167.00		1,016.30	31.87	0.97	32.84	16.42
EE +1	2,430.34	2,366.59		167.00		2,199.59	63.75	1.94	65.69	32.85
EE +2	3,159.44	3,076.57		167.00		2,909.57	82.87	2.53	85.40	42.70
PERS PLATINUM PPO										
EE	1,778.62	1,183.30		167.00		1,016.30	595.32	1.42	596.74	298.37
EE +1	3,557.24	2,366.59		167.00		2,199.59	1,190.65	2.85	1,193.50	596.75
EE +2	4,624.41	3,076.57		167.00		2,909.57	1,547.84	3.70	1,551.54	775.77
PORAC (available to only PORAC Association members)										
EE	1,095.00	1,095.00		167.00		928.00	0.00	0.88	0.88	0.44
EE +1	2,395.00	2,366.59		167.00		2,199.59	28.41	1.92	30.33	15.17
EE +2	3,115.00	3,076.57		167.00		2,909.57	38.43	2.49	40.92	20.46
DELTA PREFERRED OPTION (DPO+) BUY UP OPTION DENTAL COVERAGE										
EE AND DEPENDENTS - ONE FULL YEAR OF ENROLLMENT REQUIRED									48.00	24.00
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	167.00

* 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.