

**CORRECTIONS BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2017**

County contribution based on 80/80/80 of lowest cost comparison plan

	MEDICAL	FHA
EE	128.00	536.24
EE + 1	128.00	1,200.48
EE + 2	128.00	1,599.02

Monthly Premium	MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS			EE MONTHLY COSTS			EE PAY PERIOD COST		
	TOTAL *1 Contribution	= Medical Contribution (PEMHCA)	+ FHA **2 Contribution	EE Cost For Plan	EE Cost Admin 0.31% of premium	Total EE Cost			
BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)									
EE	1,024.85	664.24	128.00	536.24	360.61	3.18	363.79	181.89	
EE + 1	2,049.70	1,328.48	128.00	1,200.48	721.22	6.35	727.57	363.79	
EE + 2	2,664.61	1,727.02	128.00	1,599.02	937.59	8.26	945.85	472.93	
ANTHEM HMO SELECT (Physicians Medical Group)									
EE	783.46	664.24	128.00	536.24	119.22	2.43	121.65	60.83	
EE + 1	1,566.92	1,328.48	128.00	1,200.48	238.44	4.86	243.30	121.65	
EE + 2	2,037.00	1,727.02	128.00	1,599.02	309.98	6.31	316.29	158.15	
ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)									
EE	990.05	664.24	128.00	536.24	325.81	3.07	328.88	164.44	
EE + 1	1,980.10	1,328.48	128.00	1,200.48	651.62	6.14	657.76	328.88	
EE + 2	2,574.13	1,727.02	128.00	1,599.02	847.11	7.98	855.09	427.54	
HEALTHNET SMARTCARE HMO (Physicians Medical Group)									
EE	733.29	664.24	128.00	536.24	69.05	2.27	71.32	35.66	
EE + 1	1,466.58	1,328.48	128.00	1,200.48	138.10	4.55	142.65	71.32	
EE + 2	1,906.55	1,727.02	128.00	1,599.02	179.53	5.91	185.44	92.72	
UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)									
EE	1,062.26	664.24	128.00	536.24	398.02	3.29	401.31	200.66	
EE + 1	2,124.52	1,328.48	128.00	1,200.48	796.04	6.59	802.63	401.31	
EE + 2	2,761.88	1,727.02	128.00	1,599.02	1,034.86	8.56	1,043.42	521.71	
KAISER HMO									
EE	733.39	664.24	128.00	536.24	69.15	2.27	71.42	35.71	
EE + 1	1,466.78	1,328.48	128.00	1,200.48	138.30	4.55	142.85	71.42	
EE + 2	1,906.81	1,727.02	128.00	1,599.02	179.79	5.91	185.70	92.85	
PERSCARE PPO									
EE	932.39	664.24	128.00	536.24	268.15	2.89	271.04	135.52	
EE + 1	1,864.78	1,328.48	128.00	1,200.48	536.30	5.78	542.08	271.04	
EE + 2	2,424.21	1,727.02	128.00	1,599.02	697.19	7.52	704.71	352.36	
PERS CHOICE PPO									
EE	830.30	664.24	80%	128.00	536.24	166.06	2.57	168.63	84.32
EE + 1	1,660.60	1,328.48	80%	128.00	1,200.48	332.12	5.15	337.27	168.64
EE + 2	2,158.78	1,727.02	80%	128.00	1,599.02	431.76	6.69	438.45	219.23
PERS SELECT PPO (not contracted with PAMF)									
EE	736.27	664.24	128.00	536.24	72.03	2.28	74.31	37.16	
EE + 1	1,472.54	1,328.48	128.00	1,200.48	144.06	4.56	148.62	74.31	
EE + 2	1,914.30	1,727.02	128.00	1,599.02	187.28	5.93	193.21	96.61	
PORAC (Available only to PORAC Association Members)									
EE	699.00	664.24	128.00	536.24	34.76	2.17	36.93	18.47	
EE + 1	1,467.00	1,328.48	128.00	1,200.48	138.52	4.55	143.07	71.53	
EE + 2	1,876.00	1,727.02	128.00	1,599.02	148.98	5.82	154.80	77.40	
DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE									
EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED							48.00	24.00	
VISION SERVICE PLAN									
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	128.00

*1 TOTAL COUNTY CONTRIBUTION FOR EACH ENROLLMENT TIER IS THE MEDICAL (PEMHCA MINIMUM) AMOUNT PLUS THE FHA CONTRIBUTION AMOUNT FOR EACH CORRESPONDING ENROLLMENT TIER.

**2 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS CONTAINED IN EACH ENROLLMENT TIER.

EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.