

**DA INSPECTORS
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2017**

County contribution based on 95/90/90 of PORAC

2017 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	128.00	536.05
EE + 1	128.00	1,192.30
EE + 2	128.00	1,560.40

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 <small>0.31% of premium</small>	Total EE Cost		
BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)								
EE	1,024.85	664.05	128.00	536.05	360.80	3.18	363.98	181.99
EE +1	2,049.70	1,320.30	128.00	1,192.30	729.40	6.35	735.75	367.88
EE +2	2,664.61	1,688.40	128.00	1,560.40	976.21	8.26	984.47	492.24
ANTHEM HMO SELECT (Physicians Medical Group)								
EE	783.46	664.05	128.00	536.05	119.41	2.43	121.84	60.92
EE +1	1,566.92	1,320.30	128.00	1,192.30	246.62	4.86	251.48	125.74
EE +2	2,037.00	1,688.40	128.00	1,560.40	348.60	6.31	354.91	177.46
ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)								
EE	990.05	664.05	128.00	536.05	326.00	3.07	329.07	164.53
EE +1	1,980.10	1,320.30	128.00	1,192.30	659.80	6.14	665.94	332.97
EE +2	2,574.13	1,688.40	128.00	1,560.40	885.73	7.98	893.71	446.85
HEALTHNET SMARTCARE HMO (Physicians Medical Group)								
EE	733.29	664.05	128.00	536.05	69.24	2.27	71.51	35.76
EE +1	1,466.58	1,320.30	128.00	1,192.30	146.28	4.55	150.83	75.41
EE +2	1,906.55	1,688.40	128.00	1,560.40	218.15	5.91	224.06	112.03
UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)								
EE	1,062.26	664.05	128.00	536.05	398.21	3.29	401.50	200.75
EE +1	2,124.52	1,320.30	128.00	1,192.30	804.22	6.59	810.81	405.40
EE +2	2,761.88	1,688.40	128.00	1,560.40	1,073.48	8.56	1,082.04	541.02
KAISER HMO								
EE	733.39	664.05	128.00	536.05	69.34	2.27	71.61	35.81
EE +1	1,466.78	1,320.30	128.00	1,192.30	146.48	4.55	151.03	75.51
EE +2	1,906.81	1,688.40	128.00	1,560.40	218.41	5.91	224.32	112.16
PERSCARE PPO								
EE	932.39	664.05	128.00	536.05	268.34	2.89	271.23	135.62
EE +1	1,864.78	1,320.30	128.00	1,192.30	544.48	5.78	550.26	275.13
EE +2	2,424.21	1,688.40	128.00	1,560.40	735.81	7.52	743.33	371.66
PERS CHOICE PPO								
EE	830.30	664.05	128.00	536.05	166.25	2.57	168.82	84.41
EE +1	1,660.60	1,320.30	128.00	1,192.30	340.30	5.15	345.45	172.72
EE +2	2,158.78	1,688.40	128.00	1,560.40	470.38	6.69	477.07	238.54
PERS SELECT PPO (not contracted with PAMF)								
EE	736.27	664.05	128.00	536.05	72.22	2.28	74.50	37.25
EE +1	1,472.54	1,320.30	128.00	1,192.30	152.24	4.56	156.80	78.40
EE +2	1,914.30	1,688.40	128.00	1,560.40	225.90	5.93	231.83	115.92
PORAC								
EE	699.00	664.05	128.00	536.05	34.95	2.17	37.12	18.56
EE +1	1,467.00	1,320.30	128.00	1,192.30	146.70	4.55	151.25	75.62
EE +2	1,876.00	1,688.40	128.00	1,560.40	187.60	5.82	193.42	96.71
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 AMOUNT 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.