

GENERAL REPRESENTATION BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2017
County contribution based on 95/90/90 of HealthNet Smartcare HMO

| 2017 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|----------|
| | MEDICAL | FHA |
| EE | 128.00 | 568.63 |
| EE + 1 | 128.00 | 1,191.92 |
| EE + 2 | 128.00 | 1,587.90 |

| 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 | 696.63 | 128.00 | 568.63 | 328.22 | 3.18 | 331.40 | 165.70 |
| EE + 1 | 2,049.70 | 1,319.92 | 128.00 | 1,191.92 | 729.78 | 6.35 | 736.13 | 368.07 |
| EE + 2 | 2,664.61 | 1,715.90 | 128.00 | 1,587.90 | 948.71 | 8.26 | 956.97 | 478.49 |
| ANTHEM HMO SELECT (Physicians Medical Group) | | | | | | | | |
| EE | 783.46 | 696.63 | 128.00 | 568.63 | 86.83 | 2.43 | 89.26 | 44.63 |
| EE + 1 | 1,566.92 | 1,319.92 | 128.00 | 1,191.92 | 247.00 | 4.86 | 251.86 | 125.93 |
| EE + 2 | 2,037.00 | 1,715.90 | 128.00 | 1,587.90 | 321.10 | 6.31 | 327.41 | 163.71 |
| ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group) | | | | | | | | |
| EE | 990.05 | 696.63 | 128.00 | 568.63 | 293.42 | 3.07 | 296.49 | 148.24 |
| EE + 1 | 1,980.10 | 1,319.92 | 128.00 | 1,191.92 | 660.18 | 6.14 | 666.32 | 333.16 |
| EE + 2 | 2,574.13 | 1,715.90 | 128.00 | 1,587.90 | 858.23 | 7.98 | 866.21 | 433.10 |
| HEALTHNET SMARTCARE HMO (Physicians Medical Group) | | | | | | | | |
| EE | 733.29 | 696.63 | 128.00 | 568.63 | 36.66 | 2.27 | 38.93 | 19.47 |
| EE + 1 | 1,466.58 | 1,319.92 | 128.00 | 1,191.92 | 146.66 | 4.55 | 151.21 | 75.60 |
| EE + 2 | 1,906.55 | 1,715.90 | 128.00 | 1,587.90 | 190.65 | 5.91 | 196.56 | 98.28 |
| UNITED HEALTHCARE HMO (Palo Alto Medical Foundation) | | | | | | | | |
| EE | 1,062.26 | 696.63 | 128.00 | 568.63 | 365.63 | 3.29 | 368.92 | 184.46 |
| EE + 1 | 2,124.52 | 1,319.92 | 128.00 | 1,191.92 | 804.60 | 6.59 | 811.19 | 405.59 |
| EE + 2 | 2,761.88 | 1,715.90 | 128.00 | 1,587.90 | 1,045.98 | 8.56 | 1,054.54 | 527.27 |
| KAISER HMO | | | | | | | | |
| EE | 733.39 | 696.63 | 128.00 | 568.63 | 36.76 | 2.27 | 39.03 | 19.52 |
| EE + 1 | 1,466.78 | 1,319.92 | 128.00 | 1,191.92 | 146.86 | 4.55 | 151.41 | 75.70 |
| EE + 2 | 1,906.81 | 1,715.90 | 128.00 | 1,587.90 | 190.91 | 5.91 | 196.82 | 98.41 |
| PERSCARE PPO | | | | | | | | |
| EE | 932.39 | 696.63 | 128.00 | 568.63 | 235.76 | 2.89 | 238.65 | 119.33 |
| EE + 1 | 1,864.78 | 1,319.92 | 128.00 | 1,191.92 | 544.86 | 5.78 | 550.64 | 275.32 |
| EE + 2 | 2,424.21 | 1,715.90 | 128.00 | 1,587.90 | 708.31 | 7.52 | 715.83 | 357.91 |
| PERS CHOICE PPO | | | | | | | | |
| EE | 830.30 | 696.63 | 128.00 | 568.63 | 133.67 | 2.57 | 136.24 | 68.12 |
| EE + 1 | 1,660.60 | 1,319.92 | 128.00 | 1,191.92 | 340.68 | 5.15 | 345.83 | 172.91 |
| EE + 2 | 2,158.78 | 1,715.90 | 128.00 | 1,587.90 | 442.88 | 6.69 | 449.57 | 224.79 |
| PERS SELECT PPO (not contracted with PAMF) | | | | | | | | |
| EE | 736.27 | 696.63 | 128.00 | 568.63 | 39.64 | 2.28 | 41.92 | 20.96 |
| EE + 1 | 1,472.54 | 1,319.92 | 128.00 | 1,191.92 | 152.62 | 4.56 | 157.18 | 78.59 |
| EE + 2 | 1,914.30 | 1,715.90 | 128.00 | 1,587.90 | 198.40 | 5.93 | 204.33 | 102.17 |

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.