

**DA/CHILD SUPPORT ATTORNEY BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2018 PENDING NEGOTIATIONS**
County contribution based on 95/90/90 of HealthNet Smartcare HMO

2018 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	133.00	563.63
EE + 1	133.00	1,186.92
EE + 2	133.00	1,582.90

MONTHLY COUNTY CONTRIBUTIONS									
AVAILABLE FOR MEDICAL PREMIUMS									
Monthly Premium	TOTAL *1 Contribution	=	Medical Contribution (PEMHCA)	+	FHA **2 Contribution	EE Cost For Plan	EE Cost Admin 0.33% of premium	Total EE Cost	EE PAY PERIOD COST

BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)

EE	889.02	696.63	133.00	563.63	192.39	2.93	195.32	97.66
EE +1	1,778.04	1,319.92	133.00	1,186.92	458.12	5.87	463.99	231.99
EE +2	2,311.45	1,715.90	133.00	1,582.90	595.55	7.63	603.18	301.59

ANTHEM HMO SELECT (Physicians Medical Group)

EE	856.41	696.63	133.00	563.63	159.78	2.83	162.61	81.30
EE +1	1,712.82	1,319.92	133.00	1,186.92	392.90	5.65	398.55	199.28
EE +2	2,226.67	1,715.90	133.00	1,582.90	510.77	7.35	518.12	259.06

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)

EE	925.47	696.63	133.00	563.63	228.84	3.05	231.89	115.95
EE +1	1,850.94	1,319.92	133.00	1,186.92	531.02	6.11	537.13	268.56
EE +2	2,406.22	1,715.90	133.00	1,582.90	690.32	7.94	698.26	349.13

HEALTHNET SMARTCARE HMO (Physicians Medical Group)

EE	863.48	696.63	95%	133.00	563.63	166.85	2.85	169.70	84.85
EE +1	1,726.96	1,319.92	90%	133.00	1,186.92	407.04	5.70	412.74	206.37
EE +2	2,245.05	1,715.90	90%	133.00	1,582.90	529.15	7.41	536.56	268.28

UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)

EE	1,371.84	696.63	133.00	563.63	675.21	4.53	679.74	339.87
EE +1	2,743.68	1,319.92	133.00	1,186.92	1,423.76	9.05	1,432.81	716.41
EE +2	3,566.78	1,715.90	133.00	1,582.90	1,850.88	11.77	1,862.65	931.33

KAISER HMO

EE	779.86	696.63	133.00	563.63	83.23	2.57	85.80	42.90
EE +1	1,559.72	1,319.92	133.00	1,186.92	239.80	5.15	244.95	122.47
EE +2	2,027.64	1,715.90	133.00	1,582.90	311.74	6.69	318.43	159.22

WESTERN HEALTH ADVANTAGE HMO (available in Placer, El Dorado, Sacramento, Yolo, Colusa, Solano, Napa, Sonoma, Marin)

EE	792.56	696.63	133.00	563.63	95.93	2.62	98.55	49.27
EE +1	1,585.12	1,319.92	133.00	1,186.92	265.20	5.23	270.43	135.22
EE +2	2,060.66	1,715.90	133.00	1,582.90	344.76	6.80	351.56	175.78

PERSCARE PPO

EE	882.45	696.63	133.00	563.63	185.82	2.91	188.73	94.37
EE +1	1,764.90	1,319.92	133.00	1,186.92	444.98	5.82	450.80	225.40
EE +2	2,294.37	1,715.90	133.00	1,582.90	578.47	7.57	586.04	293.02

PERS CHOICE PPO

EE	800.27	696.63	133.00	563.63	103.64	2.64	106.28	53.14
EE +1	1,600.54	1,319.92	133.00	1,186.92	280.62	5.28	285.90	142.95
EE +2	2,080.70	1,715.90	133.00	1,582.90	364.80	6.87	371.67	185.83

PERS SELECT PPO (not contracted with PAMF)

EE	717.50	696.63	133.00	568.63	20.87	2.37	23.24	11.62
EE +1	1,435.00	1,319.92	133.00	1,191.92	115.08	4.74	119.82	59.91
EE +2	1,865.00	1,715.90	133.00	1,587.90	149.10	6.15	155.25	77.63

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED							48.00	24.00
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VISION SERVICE PLAN

1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED							17.84	8.92
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EE = employee only
EE+1 = employee plus one dependent
EE+2 = employee plus two or more dependents.

MONTHLY COUNTY CONTRIBUTION	
RETIREE MEDICAL	
RETIREE	133.00

*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.

