

**CORRECTIONS BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2016**

PERSCHOICE is lowest cost comparison plan

	MEDICAL	FHA
EE	125.00	513.69
EE + 1	125.00	1,152.38
EE + 2	125.00	1,535.59

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	Total EE Cost	

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

EE	1,016.18	638.69	125.00	513.69	377.49	3.25	380.74	190.37
EE + 1	2,032.36	1,277.38	125.00	1,152.38	754.98	6.50	761.48	380.74
EE + 2	2,642.07	1,660.59	125.00	1,535.59	981.48	8.45	989.93	494.97

BLUE SHIELD NET VALUE (Physicians Medical Group)

EE	1,033.86	638.69	125.00	513.69	395.17	3.31	398.48	199.24
EE + 1	2,067.72	1,277.38	125.00	1,152.38	790.34	6.62	796.96	398.48
EE + 2	2,688.04	1,660.59	125.00	1,535.59	1,027.45	8.60	1,036.05	518.03

ANTHEM HMO SELECT (Physicians Medical Group)

EE	721.79	638.69	125.00	513.69	83.10	2.31	85.41	42.71
EE + 1	1,443.58	1,277.38	125.00	1,152.38	166.20	4.62	170.82	85.41
EE + 2	1,876.65	1,660.59	125.00	1,535.59	216.06	6.01	222.07	111.04

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

EE	855.42	638.69	125.00	513.69	216.73	2.74	219.47	109.74
EE + 1	1,710.84	1,277.38	125.00	1,152.38	433.46	5.47	438.93	219.47
EE + 2	2,224.09	1,660.59	125.00	1,535.59	563.50	7.12	570.62	285.31

HEALTHNET SMARTCARE HMO (Physicians Medical Group)

EE	808.44	638.69	125.00	513.69	169.75	2.59	172.34	86.17
EE + 1	1,616.88	1,277.38	125.00	1,152.38	339.50	5.17	344.67	172.34
EE + 2	2,101.94	1,660.59	125.00	1,535.59	441.35	6.73	448.08	224.04

UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)

EE	955.44	638.69	125.00	513.69	316.75	3.06	319.81	159.91
EE + 1	1,910.88	1,277.38	125.00	1,152.38	633.50	6.11	639.61	319.81
EE + 2	2,484.14	1,660.59	125.00	1,535.59	823.55	7.95	831.50	415.75

KAISER (must reside within service area)

EE	746.47	638.69	125.00	513.69	107.78	2.39	110.17	55.09
EE + 1	1,492.94	1,277.38	125.00	1,152.38	215.56	4.78	220.34	110.17
EE + 2	1,940.82	1,660.59	125.00	1,535.59	280.23	6.21	286.44	143.22

PERS CARE

EE	889.27	638.69	125.00	513.69	250.58	2.85	253.43	126.72
EE + 1	1,778.54	1,277.38	125.00	1,152.38	501.16	5.69	506.85	253.43
EE + 2	2,312.10	1,660.59	125.00	1,535.59	651.51	7.40	658.91	329.46

PERS CHOICE

EE	798.36	638.69	80%	125.00	513.69	159.67	2.55	162.22	81.11
EE + 1	1,596.72	1,277.38	80%	125.00	1,152.38	319.34	5.11	324.45	162.23
EE + 2	2,075.74	1,660.59	80%	125.00	1,535.59	415.15	6.64	421.79	210.90

PERS SELECT

EE	730.07	638.69	125.00	513.69	91.38	2.34	93.72	46.86
EE + 1	1,460.14	1,277.38	125.00	1,152.38	182.76	4.67	187.43	93.72
EE + 2	1,898.18	1,660.59	125.00	1,535.59	237.59	6.07	243.66	121.83

PORAC (Available only to PORAC Association Members)

EE	699.00	638.69	125.00	513.69	60.31	2.24	62.55	31.28
EE + 1	1,399.00	1,277.38	125.00	1,152.38	121.62	4.48	126.10	63.05
EE + 2	1,789.00	1,660.59	125.00	1,535.59	128.41	5.72	134.13	67.07

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							18.01	9.01
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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	125.00

*1 TOTAL COUNTY CONTRIBUTION FORMULA FOR EACH ENROLLMENT TIER IS EQUAL TO 80% OF 2016 PERS CHOICE PREMIUM

**2 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 80/80/80 OF 2016 PERS CHOICE PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP 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.