DA CHILD SUPPORT ATTORNEY BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2016
County contribution based on 95/90/90 of Anthem HMO Select

2016 MONTHLY COUNTY CONTRIBUTIONS	MEDICAL	FHA
EE	125.00	560.70
EE + 1	125.00	1,174.22
EE + 2	125.00	1,563.99

	Monthly Premium	MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS: TOTAL *1 Contribution	=	Medical Contribution (PEMHCA)	+	FHA **2 Contribution	EE MONTHLY COSTS: EE Cost For Plan	EE Cost Admin (0.32% of premium)	Total EE Cost	EE PAY PERIOD COST
BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)										
EE	1,016.18	685.70		125.00		560.70	330.48	3.25	333.73	166.87
EE +1	2,032.36	1,299.22		125.00		1,174.22	733.14	6.50	739.64	369.82
EE +2	2,642.07	1,688.99		125.00		1,563.99	953.08	8.45	961.53	480.77
BLUE SHIELD NET VALUE (Physicians Medical Group)										
EE	1,033.86	685.70		125.00		560.70	348.16	3.31	351.47	175.74
EE +1	2,067.72	1,299.22		125.00		1,174.22	768.50	6.62	775.12	387.56
EE +2	2,688.04	1,688.99		125.00		1,563.99	999.05	8.60	1,007.65	503.83
ANTHEM HMO SELECT (Physicians Medical Group)										
EE	721.79	685.70		125.00		560.70	36.09	2.31	38.40	19.20
EE +1	1,443.58	1,299.22		125.00		1,174.22	144.36	4.62	148.98	74.49
EE +2	1,876.65	1,688.99		125.00		1,563.99	187.66	6.01	193.67	96.84
ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)										
EE	855.42	685.70		125.00		560.70	169.72	2.74	172.46	86.23
EE +1	1,710.84	1,299.22		125.00		1,174.22	411.62	5.47	417.09	208.55
EE +2	2,224.09	1,688.99		125.00		1,563.99	535.10	7.12	542.22	271.11
HEALTHNET SMARTCARE HMO (Physicians Medical Group)										
EE	808.44	685.70		125.00		560.70	122.74	2.59	125.33	62.66
EE +1	1,616.88	1,299.22		125.00		1,174.22	317.66	5.17	322.83	161.42
EE +2	2,101.94	1,688.99		125.00		1,563.99	412.95	6.73	419.68	209.84
UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)										
EE	955.44	685.70		125.00		560.70	269.74	3.06	272.80	136.40
EE +1	1,910.88	1,299.22		125.00		1,174.22	611.66	6.11	617.77	308.89
EE +2	2,484.14	1,688.99		125.00		1,563.99	795.15	7.95	803.10	401.55
KAISER (must reside within service area)										
EE	746.47	685.70		125.00		560.70	60.77	2.39	63.16	31.58
EE +1	1,492.94	1,299.22		125.00		1,174.22	193.72	4.78	198.50	99.25
EE +2	1,940.82	1,688.99		125.00		1,563.99	251.83	6.21	258.04	129.02
PERSCARE										
EE	889.27	685.70		125.00		560.70	203.57	2.85	206.42	103.21
EE +1	1,778.54	1,299.22		125.00		1,174.22	479.32	5.69	485.01	242.51
EE +2	2,312.10	1,688.99		125.00		1,563.99	623.11	7.40	630.51	315.26
PERS CHOICE										
EE	798.36	685.70		125.00		560.70	112.66	2.55	115.21	57.61
EE +1	1,596.72	1,299.22		125.00		1,174.22	297.50	5.11	302.61	151.31
EE +2	2,075.74	1,688.99		125.00		1,563.99	386.75	6.64	393.39	196.70
PERS SELECT										
EE	730.07	685.70		125.00		524.64	44.37	2.34	46.71	23.36
EE +1	1,460.14	1,299.22		125.00		1,103.21	160.92	4.67	165.59	82.80
EE +2	1,898.18	1,688.99		125.00		1,470.77	209.19	6.07	215.26	107.63

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	18.01	9.01

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 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 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.