

**CORRECTIONS BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2022**

*County contribution based on 80/80/80 of the 2021 premium for
PERS Choice*

2022 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	149.00	599.67
EE + 1	149.00	1,348.34
EE + 2	149.00	1,797.54

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 0.25% of premium	Total EE Cost	

BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Dignity Health Medical Network)

EE	1,116.01	748.67	149.00	599.67	367.34	2.79	370.13	185.07
EE + 1	2,232.02	1,497.34	149.00	1,348.34	734.68	5.58	740.26	370.13
EE + 2	2,901.63	1,946.54	149.00	1,797.54	955.09	7.25	962.34	481.17

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	898.54	748.67	149.00	599.67	149.87	2.25	152.12	76.06
EE + 1	1,797.08	1,497.34	149.00	1,348.34	299.74	4.49	304.23	152.12
EE + 2	2,336.20	1,946.54	149.00	1,797.54	389.66	5.84	395.50	197.75

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,015.81	748.67	149.00	599.67	267.14	2.54	269.68	134.84
EE + 1	2,031.62	1,497.34	149.00	1,348.34	534.28	5.08	539.36	269.68
EE + 2	2,641.11	1,946.54	149.00	1,797.54	694.57	6.60	701.17	350.59

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Dignity Health Medical Network)

EE	1,304.00	748.67	149.00	599.67	555.33	3.26	558.59	279.30
EE + 1	2,608.00	1,497.34	149.00	1,348.34	1,110.66	6.52	1,117.18	558.59
EE + 2	3,390.40	1,946.54	149.00	1,797.54	1,443.86	8.48	1,452.34	726.17

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,153.00	748.67	149.00	599.67	404.33	2.88	407.21	203.61
EE + 1	2,306.00	1,497.34	149.00	1,348.34	808.66	5.77	814.43	407.21
EE + 2	2,997.80	1,946.54	149.00	1,797.54	1,051.26	7.49	1,058.75	529.38

KAISER HMO

EE	857.06	748.67	149.00	599.67	108.39	2.14	110.53	55.27
EE + 1	1,714.12	1,497.34	149.00	1,348.34	216.78	4.29	221.07	110.53
EE + 2	2,228.36	1,946.54	149.00	1,797.54	281.82	5.57	287.39	143.70

PERS GOLD PPO (formerly PERS Select) (not contracted with PAMF, subject to Non-PPO charges)

EE	701.23	701.23	149.00	552.23	0.00	1.75	1.75	0.88
EE + 1	1,402.46	1,402.46	149.00	1,253.46	0.00	3.51	3.51	1.75
EE + 2	1,823.20	1,823.20	149.00	1,674.20	0.00	4.56	4.56	2.28

PERS PLATINUM PPO (formerly PERSCare and PERSChoice)

EE	1,057.01	748.67	149.00	599.67	308.34	2.64	310.98	155.49
EE + 1	2,114.02	1,497.34	149.00	1,348.34	616.68	5.29	621.97	310.98
EE + 2	2,748.23	1,946.54	149.00	1,797.54	801.69	6.87	808.56	404.28

PORAC (available to only PORAC Association members)

EE	799.00	748.67	149.00	599.67	50.33	2.00	52.33	26.16
EE + 1	1,725.00	1,497.34	149.00	1,348.34	227.66	4.31	231.97	115.99
EE + 2	2,219.00	1,946.54	149.00	1,797.54	272.46	5.55	278.01	139.00

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	149.00

*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.