

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

*County contribution based on 95/90/90 of the 2021 premium for Anthem HMO Select*

2022 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	149.00	730.32
EE + 1	149.00	1,517.08
EE + 2	149.00	2,016.90

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	

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

EE	1,116.01	879.32	149.00	730.32	236.69	2.79	239.48	119.74
EE + 1	2,232.02	1,666.08	149.00	1,517.08	565.94	5.58	571.52	285.76
EE + 2	2,901.63	2,165.90	149.00	2,016.90	735.73	7.25	742.98	371.49

**BLUE SHIELD TRIO HMO (Dignity Health Medical Network)**

EE	898.54	879.32	149.00	730.32	19.22	2.25	21.47	10.73
EE + 1	1,797.08	1,666.08	149.00	1,517.08	131.00	4.49	135.49	67.75
EE + 2	2,336.20	2,165.90	149.00	2,016.90	170.30	5.84	176.14	88.07

**ANTHEM HMO SELECT (Dignity Health Medical Network)**

EE	1,015.81	879.32	149.00	730.32	136.49	2.54	139.03	69.51
EE + 1	2,031.62	1,666.08	149.00	1,517.08	365.54	5.08	370.62	185.31
EE + 2	2,641.11	2,165.90	149.00	2,016.90	475.21	6.60	481.81	240.91

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

EE	1,304.00	879.32	149.00	730.32	424.68	3.26	427.94	213.97
EE + 1	2,608.00	1,666.08	149.00	1,517.08	941.92	6.52	948.44	474.22
EE + 2	3,390.40	2,165.90	149.00	2,016.90	1,224.50	8.48	1,232.98	616.49

**HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)**

EE	1,153.00	879.32	149.00	730.32	273.68	2.88	276.56	138.28
EE + 1	2,306.00	1,666.08	149.00	1,517.08	639.92	5.77	645.69	322.84
EE + 2	2,997.80	2,165.90	149.00	2,016.90	831.90	7.49	839.39	419.70

**KAISER HMO**

EE	857.06	857.06	149.00	708.06	0.00	2.14	2.14	1.07
EE + 1	1,714.12	1,666.08	149.00	1,517.08	48.04	4.29	52.33	26.16
EE + 2	2,228.36	2,165.90	149.00	2,016.90	62.46	5.57	68.03	34.02

**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 PERS Choice)**

EE	1,057.01	879.32	149.00	730.32	177.69	2.64	180.33	90.17
EE + 1	2,114.02	1,666.08	149.00	1,517.08	447.94	5.29	453.23	226.61
EE + 2	2,748.23	2,165.90	149.00	2,016.90	582.33	6.87	589.20	294.60

**PORAC (available to only PORAC Association members)**

EE	799.00	799.00	149.00	650.00	0.00	2.00	2.00	1.00
EE + 1	1,725.00	1,666.08	149.00	1,517.08	58.92	4.31	63.23	31.62
EE + 2	2,219.00	2,165.90	149.00	2,016.90	53.10	5.55	58.65	29.32

**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.