

**DEPUTY PROBATION OFFICER BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2022**

County contribution based on 95/90/90 of the 2020 premium for Anthem HMO Select

2022 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	149.00	676.53
EE + 1	149.00	1,415.16
EE + 2	149.00	1,884.42

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	825.53	149.00	676.53	290.48	2.79	293.27	146.64
EE + 1	2,232.02	1,564.16	149.00	1,415.16	667.86	5.58	673.44	336.72
EE + 2	2,901.63	2,033.42	149.00	1,884.42	868.21	7.25	875.46	437.73

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	898.54	825.53	149.00	676.53	73.01	2.25	75.26	37.63
EE + 1	1,797.08	1,564.16	149.00	1,415.16	232.92	4.49	237.41	118.71
EE + 2	2,336.20	2,033.42	149.00	1,884.42	302.78	5.84	308.62	154.31

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,015.81	825.53	149.00	676.53	190.28	2.54	192.82	96.41
EE + 1	2,031.62	1,564.16	149.00	1,415.16	467.46	5.08	472.54	236.27
EE + 2	2,641.11	2,033.42	149.00	1,884.42	607.69	6.60	614.29	307.15

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

EE	1,304.00	825.53	149.00	676.53	478.47	3.26	481.73	240.87
EE + 1	2,608.00	1,564.16	149.00	1,415.16	1,043.84	6.52	1,050.36	525.18
EE + 2	3,390.40	2,033.42	149.00	1,884.42	1,356.98	8.48	1,365.46	682.73

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,153.00	825.53	149.00	676.53	327.47	2.88	330.35	165.18
EE + 1	2,306.00	1,564.16	149.00	1,415.16	741.84	5.77	747.61	373.80
EE + 2	2,997.80	2,033.42	149.00	1,884.42	964.38	7.49	971.87	485.94

KAISER HMO

EE	857.06	825.53	149.00	676.53	31.53	2.14	33.67	16.84
EE + 1	1,714.12	1,564.16	149.00	1,415.16	149.96	4.29	154.25	77.12
EE + 2	2,228.36	2,033.42	149.00	1,884.42	194.94	5.57	200.51	100.26

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	825.53	149.00	676.53	231.48	2.64	234.12	117.06
EE + 1	2,114.02	1,564.16	149.00	1,415.16	549.86	5.29	555.15	277.57
EE + 2	2,748.23	2,033.42	149.00	1,884.42	714.81	6.87	721.68	360.84

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	1,564.16	149.00	1,415.16	160.84	4.31	165.15	82.58
EE + 2	2,219.00	2,033.42	149.00	1,884.42	185.58	5.55	191.13	95.56

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.