

**LAW ENFORCEMENT MIDDLE MANAGEMENT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2022**

*County contribution based on 80/80/80 of the 2022 premium for
PERS Platinum*

2022 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	149.00	696.61
EE + 1	149.00	1,542.22
EE + 2	149.00	2,049.58

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	845.61	149.00	696.61	270.40	2.79	273.19	136.60
EE + 1	2,232.02	1,691.22	149.00	1,542.22	540.80	5.58	546.38	273.19
EE + 2	2,901.63	2,198.58	149.00	2,049.58	703.05	7.25	710.30	355.15

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	898.54	845.61	149.00	696.61	52.93	2.25	55.18	27.59
EE + 1	1,797.08	1,691.22	149.00	1,542.22	105.86	4.49	110.35	55.18
EE + 2	2,336.20	2,198.58	149.00	2,049.58	137.62	5.84	143.46	71.73

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,015.81	845.61	149.00	696.61	170.20	2.54	172.74	86.37
EE + 1	2,031.62	1,691.22	149.00	1,542.22	340.40	5.08	345.48	172.74
EE + 2	2,641.11	2,198.58	149.00	2,049.58	442.53	6.60	449.13	224.57

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

EE	1,304.00	845.61	149.00	696.61	458.39	3.26	461.65	230.83
EE + 1	2,608.00	1,691.22	149.00	1,542.22	916.78	6.52	923.30	461.65
EE + 2	3,390.40	2,198.58	149.00	2,049.58	1,191.82	8.48	1,200.30	600.15

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,153.00	845.61	149.00	696.61	307.39	2.88	310.27	155.14
EE + 1	2,306.00	1,691.22	149.00	1,542.22	614.78	5.77	620.55	310.27
EE + 2	2,997.80	2,198.58	149.00	2,049.58	799.22	7.49	806.71	403.36

KAISER HMO

EE	857.06	845.61	149.00	696.61	11.45	2.14	13.59	6.80
EE + 1	1,714.12	1,691.22	149.00	1,542.22	22.90	4.29	27.19	13.59
EE + 2	2,228.36	2,198.58	149.00	2,049.58	29.78	5.57	35.35	17.68

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	845.61	149.00	696.61	211.40	2.64	214.04	107.02
EE + 1	2,114.02	1,691.22	149.00	1,542.22	422.80	5.29	428.09	214.04
EE + 2	2,748.23	2,198.58	149.00	2,049.58	549.65	6.87	556.52	278.26

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	1,691.22	149.00	1,542.22	33.78	4.31	38.09	19.05
EE + 2	2,219.00	2,198.58	149.00	2,049.58	20.42	5.55	25.97	12.98

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.