

**UNREPRESENTED MANAGEMENT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2022**

County contribution based on 95/90/90 of the 2021 premium for Kaiser HMO

2022 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	149.00	623.96
EE + 1	149.00	1,315.55
EE + 2	149.00	1,754.91

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	772.96	149.00	623.96	343.05	2.79	345.84	172.92
EE + 1	2,232.02	1,464.55	149.00	1,315.55	767.47	5.58	773.05	386.53
EE + 2	2,901.63	1,903.91	149.00	1,754.91	997.72	7.25	1,004.97	502.49

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	898.54	772.96	149.00	623.96	125.58	2.25	127.83	63.91
EE + 1	1,797.08	1,464.55	149.00	1,315.55	332.53	4.49	337.02	168.51
EE + 2	2,336.20	1,903.91	149.00	1,754.91	432.29	5.84	438.13	219.07

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,015.81	772.96	149.00	623.96	242.85	2.54	245.39	122.69
EE + 1	2,031.62	1,464.55	149.00	1,315.55	567.07	5.08	572.15	286.07
EE + 2	2,641.11	1,903.91	149.00	1,754.91	737.20	6.60	743.80	371.90

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

EE	1,304.00	772.96	149.00	623.96	531.04	3.26	534.30	267.15
EE + 1	2,608.00	1,464.55	149.00	1,315.55	1,143.45	6.52	1,149.97	574.99
EE + 2	3,390.40	1,903.91	149.00	1,754.91	1,486.49	8.48	1,494.97	747.48

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,153.00	772.96	149.00	623.96	380.04	2.88	382.92	191.46
EE + 1	2,306.00	1,464.55	149.00	1,315.55	841.45	5.77	847.22	423.61
EE + 2	2,997.80	1,903.91	149.00	1,754.91	1,093.89	7.49	1,101.38	550.69

KAISER HMO

EE	857.06	772.96	149.00	623.96	84.10	2.14	86.24	43.12
EE + 1	1,714.12	1,464.55	149.00	1,315.55	249.57	4.29	253.86	126.93
EE + 2	2,228.36	1,903.91	149.00	1,754.91	324.45	5.57	330.02	165.01

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	772.96	149.00	623.96	284.05	2.64	286.69	143.35
EE + 1	2,114.02	1,464.55	149.00	1,315.55	649.47	5.29	654.76	327.38
EE + 2	2,748.23	1,903.91	149.00	1,754.91	844.32	6.87	851.19	425.60

PORAC (available to only PORAC Association members)

EE	799.00	772.96	149.00	623.96	26.04	2.00	28.04	14.02
EE + 1	1,725.00	1,464.55	149.00	1,315.55	260.45	4.31	264.76	132.38
EE + 2	2,219.00	1,903.91	149.00	1,754.91	315.09	5.55	320.64	160.32

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.