

**DA INSPECTORS BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2023**

County contribution based on language in Article 14.1.B.2

2023 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	151.00	728.32
EE + 1	151.00	1,515.08
EE + 2	151.00	2,014.90

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	EE Cost Admin	Total EE Cost	

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

EE	1,035.21	879.32	151.00	728.32	155.89	3.42	159.31	79.65
EE + 1	2,070.42	1,666.08	151.00	1,515.08	404.34	6.83	411.17	205.59
EE + 2	2,691.55	2,165.90	151.00	2,014.90	525.65	8.88	534.53	267.27

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	888.94	879.32	151.00	728.32	9.62	2.93	12.55	6.28
EE + 1	1,777.88	1,666.08	151.00	1,515.08	111.80	5.87	117.67	58.83
EE + 2	2,311.24	2,165.90	151.00	2,014.90	145.34	7.63	152.97	76.48

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,128.83	879.32	151.00	728.32	249.51	3.73	253.24	126.62
EE + 1	2,257.66	1,666.08	151.00	1,515.08	591.58	7.45	599.03	299.52
EE + 2	2,934.96	2,165.90	151.00	2,014.90	769.06	9.69	778.75	389.37

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

EE	1,210.71	879.32	151.00	728.32	331.39	4.00	335.39	167.69
EE + 1	2,421.42	1,666.08	151.00	1,515.08	755.34	7.99	763.33	381.67
EE + 2	3,147.85	2,165.90	151.00	2,014.90	981.95	10.39	992.34	496.17

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,174.50	879.32	151.00	728.32	295.18	3.88	299.06	149.53
EE + 1	2,349.00	1,666.08	151.00	1,515.08	682.92	7.75	690.67	345.34
EE + 2	3,053.70	2,165.90	151.00	2,014.90	887.80	10.08	897.88	448.94

KAISER HMO

EE	913.74	879.32	151.00	728.32	34.42	3.02	37.44	18.72
EE + 1	1,827.48	1,666.08	151.00	1,515.08	161.40	6.03	167.43	83.72
EE + 2	2,375.72	2,165.90	151.00	2,014.90	209.82	7.84	217.66	108.83

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

EE	825.61	825.61	151.00	674.61	0.00	2.72	2.72	1.36
EE + 1	1,651.22	1,651.22	151.00	1,500.22	0.00	5.45	5.45	2.72
EE + 2	2,146.59	2,146.59	151.00	1,995.59	0.00	7.08	7.08	3.54

PERS PLATINUM PPO (formerly PERSCare and PERS Choice)

EE	1,200.12	879.32	151.00	728.32	320.80	3.96	324.76	162.38
EE + 1	2,400.24	1,666.08	151.00	1,515.08	734.16	7.92	742.08	371.04
EE + 2	3,120.31	2,165.90	151.00	2,014.90	954.41	10.30	964.71	482.35

PORAC (available to only PORAC Association members)

EE	825.00	825.00	151.00	674.00	0.00	2.72	2.72	1.36
EE + 1	1,875.00	1,666.08	151.00	1,515.08	208.92	6.19	215.11	107.55
EE + 2	2,300.00	2,165.90	151.00	2,014.90	134.10	7.59	141.69	70.85

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	151.00

*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.