

**PHYSICIANS ASSOCIATION  
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS  
FOR CALENDAR YEAR 2023**

County contribution based on 95/90/90 of the 2023 premium for Blue Shield Trio

2023 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	151.00	693.49
EE + 1	151.00	1,449.09
EE + 2	151.00	1,929.12

Monthly Premium	MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS			EE MONTHLY COSTS			EE PAY PERIOD COST
	TOTAL *1	Medical Contribution (PEMHCA)	FHA **2 Contribution	EE Cost For Plan	EE Cost Admin	Total EE Cost	
		=	+				
					0.33% of premium		

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

EE	1,035.21	844.49	151.00	693.49	190.72	3.42	194.14	97.07
EE + 1	2,070.42	1,600.09	151.00	1,449.09	470.33	6.83	477.16	238.58
EE + 2	2,691.55	2,080.12	151.00	1,929.12	611.43	8.88	620.31	310.16

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

EE	888.94	844.49	151.00	693.49	44.45	2.93	47.38	23.69
EE + 1	1,777.88	1,600.09	151.00	1,449.09	177.79	5.87	183.66	91.83
EE + 2	2,311.24	2,080.12	151.00	1,929.12	231.12	7.63	238.75	119.37

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

EE	1,128.83	844.49	151.00	693.49	284.34	3.73	288.07	144.03
EE + 1	2,257.66	1,600.09	151.00	1,449.09	657.57	7.45	665.02	332.51
EE + 2	2,934.96	2,080.12	151.00	1,929.12	854.84	9.69	864.53	432.26

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

EE	1,210.71	844.49	151.00	693.49	366.22	4.00	370.22	185.11
EE + 1	2,421.42	1,600.09	151.00	1,449.09	821.33	7.99	829.32	414.66
EE + 2	3,147.85	2,080.12	151.00	1,929.12	1,067.73	10.39	1,078.12	539.06

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

EE	1,174.50	844.49	151.00	693.49	330.01	3.88	333.89	166.94
EE + 1	2,349.00	1,600.09	151.00	1,449.09	748.91	7.75	756.66	378.33
EE + 2	3,053.70	2,080.12	151.00	1,929.12	973.58	10.08	983.66	491.83

**KAISER HMO**

EE	913.74	844.49	151.00	693.49	69.25	3.02	72.27	36.13
EE + 1	1,827.48	1,600.09	151.00	1,449.09	227.39	6.03	233.42	116.71
EE + 2	2,375.72	2,080.12	151.00	1,929.12	295.60	7.84	303.44	151.72

**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	1,600.09	151.00	1,449.09	51.13	5.45	56.58	28.29
EE + 2	2,146.59	2,080.12	151.00	1,929.12	66.47	7.08	73.55	36.78

**PERS PLATINUM PPO (formerly PERSCare and PERS Choice)**

EE	1,200.12	844.49	151.00	693.49	355.63	3.96	359.59	179.80
EE + 1	2,400.24	1,600.09	151.00	1,449.09	800.15	7.92	808.07	404.04
EE + 2	3,120.31	2,080.12	151.00	1,929.12	1,040.19	10.30	1,050.49	525.24

**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	1,600.09	151.00	1,449.09	274.91	6.19	281.10	140.55
EE + 2	2,300.00	2,080.12	151.00	1,929.12	219.88	7.59	227.47	113.74

**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.