

**UNREPRESENTED MANAGEMENT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2023 (Effective PP2)**
County contribution approved by the Board on 12/13/2022

2023 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	151.00	735.05
EE + 1	151.00	1,527.90
EE + 2	151.00	2,031.57

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	886.05	151.00	735.05	149.16	3.42	152.58	76.29
EE + 1	2,070.42	1,678.90	151.00	1,527.90	391.52	6.83	398.35	199.18
EE + 2	2,691.55	2,182.57	151.00	2,031.57	508.98	8.88	517.86	258.93

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	888.94	886.05	151.00	735.05	2.89	2.93	5.82	2.91
EE + 1	1,777.88	1,678.90	151.00	1,527.90	98.98	5.87	104.85	52.42
EE + 2	2,311.24	2,182.57	151.00	2,031.57	128.67	7.63	136.30	68.15

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,128.83	886.05	151.00	735.05	242.78	3.73	246.51	123.25
EE + 1	2,257.66	1,678.90	151.00	1,527.90	578.76	7.45	586.21	293.11
EE + 2	2,934.96	2,182.57	151.00	2,031.57	752.39	9.69	762.08	381.04

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

EE	1,210.71	886.05	151.00	735.05	324.66	4.00	328.66	164.33
EE + 1	2,421.42	1,678.90	151.00	1,527.90	742.52	7.99	750.51	375.26
EE + 2	3,147.85	2,182.57	151.00	2,031.57	965.28	10.39	975.67	487.83

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,174.50	886.05	151.00	735.05	288.45	3.88	292.33	146.16
EE + 1	2,349.00	1,678.90	151.00	1,527.90	670.10	7.75	677.85	338.93
EE + 2	3,053.70	2,182.57	151.00	2,031.57	871.13	10.08	881.21	440.60

KAISER HMO

EE	913.74	886.05	151.00	735.05	27.69	3.02	30.71	15.35
EE + 1	1,827.48	1,678.90	151.00	1,527.90	148.58	6.03	154.61	77.31
EE + 2	2,375.72	2,182.57	151.00	2,031.57	193.15	7.84	200.99	100.49

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	886.05	151.00	735.05	314.07	3.96	318.03	159.02
EE + 1	2,400.24	1,678.90	151.00	1,527.90	721.34	7.92	729.26	364.63
EE + 2	3,120.31	2,182.57	151.00	2,031.57	937.74	10.30	948.04	474.02

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	1,678.90	151.00	1,527.90	196.10	6.19	202.29	101.14
EE + 2	2,300.00	2,182.57	151.00	2,031.57	117.43	7.59	125.02	62.51

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.