

**CORRECTIONS BARGAINING UNIT  
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS  
FOR CALENDAR YEAR 2018**

County contribution based on 80/80/80 of lowest cost comparison plan

2018 Monthly County Contributions		
	MEDICAL	FHA
EE	133.00	507.22
EE + 1	133.00	1,147.43
EE + 2	133.00	1,531.56

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

BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)								
EE	889.02	640.22	133.00	507.22	248.80	2.93	251.73	125.87
EE + 1	1,778.04	1,280.43	133.00	1,147.43	497.61	5.87	503.48	251.74
EE + 2	2,311.45	1,664.56	133.00	1,531.56	646.89	7.63	654.52	327.26

ANTHEM HMO SELECT (Physicians Medical Group)								
EE	856.41	640.22	133.00	507.22	216.19	2.83	219.02	109.51
EE + 1	1,712.82	1,280.43	133.00	1,147.43	432.39	5.65	438.04	219.02
EE + 2	2,226.67	1,664.56	133.00	1,531.56	562.11	7.35	569.46	284.73

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)								
EE	925.47	640.22	133.00	507.22	285.25	3.05	288.30	144.15
EE + 1	1,850.94	1,280.43	133.00	1,147.43	570.51	6.11	576.62	288.31
EE + 2	2,406.22	1,664.56	133.00	1,531.56	741.66	7.94	749.60	374.80

HEALTHNET SMARTCARE HMO (Physicians Medical Group)								
EE	863.48	640.22	133.00	507.22	223.26	2.85	226.11	113.05
EE + 1	1,726.96	1,280.43	133.00	1,147.43	446.53	5.70	452.23	226.11
EE + 2	2,245.05	1,664.56	133.00	1,531.56	580.49	7.41	587.90	293.95

UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)								
EE	1,371.84	640.22	133.00	507.22	731.62	4.53	736.15	368.08
EE + 1	2,743.68	1,280.43	133.00	1,147.43	1,463.25	9.05	1,472.30	736.15
EE + 2	3,566.78	1,664.56	133.00	1,531.56	1,902.22	11.77	1,913.99	957.00

KAISER HMO								
EE	779.86	640.22	133.00	507.22	139.64	2.57	142.21	71.11
EE + 1	1,559.72	1,280.43	133.00	1,147.43	279.29	5.15	284.44	142.22
EE + 2	2,027.64	1,664.56	133.00	1,531.56	363.08	6.69	369.77	184.89

WESTERN HEALTH ADVANTAGE HMO (available in Placer, El Dorado, Sacramento, Yolo, Colusa, Solano, Napa, Sonoma, Marin)								
EE	792.56	640.22	133.00	507.22	152.34	2.62	154.96	77.48
EE + 1	1,585.12	1,280.43	133.00	1,147.43	304.69	5.23	309.92	154.96
EE + 2	2,060.66	1,664.56	133.00	1,531.56	396.10	6.80	402.90	201.45

PERSCARE PPO								
EE	882.45	640.22	133.00	507.22	242.23	2.91	245.14	122.57
EE + 1	1,764.90	1,280.43	133.00	1,147.43	484.47	5.82	490.29	245.15
EE + 2	2,294.37	1,664.56	133.00	1,531.56	629.81	7.57	637.38	318.69

PERS CHOICE PPO									
EE	800.27	640.22	80%	133.00	507.22	160.05	2.64	162.69	81.35
EE + 1	1,600.54	1,280.43	80%	133.00	1,147.43	320.11	5.28	325.39	162.69
EE + 2	2,080.70	1,664.56	80%	133.00	1,531.56	416.14	6.87	423.01	211.50

PERS SELECT PPO (not contracted with PAMF)								
EE	717.50	640.22	133.00	507.22	77.28	2.37	79.65	39.82
EE + 1	1,435.00	1,280.43	133.00	1,147.43	154.57	4.74	159.31	79.65
EE + 2	1,865.50	1,664.56	133.00	1,531.56	200.94	6.16	207.10	103.55

PORAC (Available only to PORAC Association Members)								
EE	734.00	640.22	133.00	507.22	93.78	2.42	96.20	48.10
EE + 1	1,540.00	1,280.43	133.00	1,147.43	259.57	5.08	264.65	132.33
EE + 2	1,970.00	1,664.56	133.00	1,531.56	305.44	6.50	311.94	155.97

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE								
EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED							48.00	24.00

VISION SERVICE PLAN								
1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED							17.84	8.92

EE = employee only  
EE+1 = employee plus one dependent  
EE+2 = employee plus two or more dependents

MONTHLY COUNTY CONTRIBUTION	
RETIREE MEDICAL	
RETIREE	133.00

\*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 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.