

**PHYSICIANS ASSOCIATION
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2018**
County contribution based on 95/90/90 of Anthem HMO Select

2018 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	133.00	680.59
EE + 1	133.00	1,408.54
EE + 2	133.00	1,871.00

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 0.33% of premium	Total EE Cost	

BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)

EE	889.02	813.59	133.00	680.59	75.43	2.93	78.36	39.18
EE + 1	1,778.04	1,541.54	133.00	1,408.54	236.50	5.87	242.37	121.18
EE + 2	2,311.45	2,004.00	133.00	1,871.00	307.45	7.63	315.08	157.54

ANTHEM HMO SELECT (Physicians Medical Group)

EE	856.41	813.59	95%	133.00	680.59	42.82	2.83	45.65	22.82
EE + 1	1,712.82	1,541.54	90%	133.00	1,408.54	171.28	5.65	176.93	88.47
EE + 2	2,226.67	2,004.00	90%	133.00	1,871.00	222.67	7.35	230.02	115.01

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)

EE	925.47	813.59	133.00	680.59	111.88	3.05	114.93	57.47
EE + 1	1,850.94	1,541.54	133.00	1,408.54	309.40	6.11	315.51	157.75
EE + 2	2,406.22	2,004.00	133.00	1,871.00	402.22	7.94	410.16	205.08

HEALTHNET SMARTCARE HMO (Physicians Medical Group)

EE	863.48	813.59	133.00	680.59	49.89	2.85	52.74	26.37
EE + 1	1,726.96	1,541.54	133.00	1,408.54	185.42	5.70	191.12	95.56
EE + 2	2,245.05	2,004.00	133.00	1,871.00	241.05	7.41	248.46	124.23

UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)

EE	1,371.84	813.59	133.00	680.59	558.25	4.53	562.78	281.39
EE + 1	2,743.68	1,541.54	133.00	1,408.54	1,202.14	9.05	1,211.19	605.60
EE + 2	3,566.78	2,004.00	133.00	1,871.00	1,562.78	11.77	1,574.55	787.28

KAISER HMO

EE	779.86	779.86	133.00	646.86	0.00	2.57	2.57	1.29
EE + 1	1,559.72	1,541.54	133.00	1,408.54	18.18	5.15	23.33	11.66
EE + 2	2,027.64	2,004.00	133.00	1,871.00	23.64	6.69	30.33	15.17

WESTERN HEALTH ADVANTAGE HMO (available in Placer, El Dorado, Sacramento, Yolo, Colusa, Solano, Napa, Sonoma, Marin)

EE	792.56	792.56	133.00	659.56	0.00	2.62	2.62	1.31
EE + 1	1,585.12	1,541.54	133.00	1,408.54	43.58	5.23	48.81	24.41
EE + 2	2,060.66	2,004.00	133.00	1,871.00	56.66	6.80	63.46	31.73

PERSCARE PPO

EE	882.45	813.59	133.00	680.59	68.86	2.91	71.77	35.89
EE + 1	1,764.90	1,541.54	133.00	1,408.54	223.36	5.82	229.18	114.59
EE + 2	2,294.37	2,004.00	133.00	1,871.00	290.37	7.57	297.94	148.97

PERS CHOICE PPO

EE	800.27	800.27	133.00	667.27	0.00	2.64	2.64	1.32
EE + 1	1,600.54	1,541.54	133.00	1,408.54	59.00	5.28	64.28	32.14
EE + 2	2,080.70	2,004.00	133.00	1,871.00	76.70	6.87	83.57	41.78

PERS SELECT PPO (not contracted with PAMF)

EE	717.50	717.50	133.00	584.50	0.00	2.37	2.37	1.18
EE + 1	1,435.00	1,435.00	133.00	1,302.00	0.00	4.74	4.74	2.37
EE + 2	1,865.50	1,865.50	133.00	1,732.00	0.00	6.16	6.16	3.08

PORAC (available to only PORAC Association members)

EE	734.00	734.00	133.00	601.00	0.00	2.42	2.42	1.21
EE + 1	1,540.00	1,540.00	133.00	1,407.00	0.00	5.08	5.08	2.54
EE + 2	1,970.00	1,970.00	133.00	1,837.00	0.00	6.50	6.50	3.25

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	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 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.