

DA/CHILD SUPPORT ATTORNEY BARGAINING UNIT  
 MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS  
 FOR CALENDAR YEAR 2019  
 County contribution based on 95/90/90 of Kaiser HMO

2019 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	136.00	593.84
EE + 1	136.00	1,246.85
EE + 2	136.00	1,661.71

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 0.23% of premium	Total EE Cost	

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

EE	970.90	729.84	136.00	593.84	241.06	2.23	243.29	121.65
EE +1	1,941.80	1,382.85	136.00	1,246.85	558.95	4.47	563.42	281.71
EE +2	2,524.34	1,797.71	136.00	1,661.71	726.63	5.81	732.44	366.22

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

EE	831.44	729.84	136.00	593.84	101.60	1.91	103.51	51.76
EE +1	1,662.88	1,382.85	136.00	1,246.85	280.03	3.82	283.85	141.93
EE +2	2,161.74	1,797.71	136.00	1,661.71	364.03	4.97	369.00	184.50

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

EE	1,111.13	729.84	136.00	593.84	381.29	2.56	383.85	191.92
EE +1	2,222.26	1,382.85	136.00	1,246.85	839.41	5.11	844.52	422.26
EE +2	2,888.94	1,797.71	136.00	1,661.71	1,091.23	6.64	1,097.87	548.94

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

EE	901.55	729.84	136.00	593.84	171.71	2.07	173.78	86.89
EE +1	1,803.10	1,382.85	136.00	1,246.85	420.25	4.15	424.40	212.20
EE +2	2,344.03	1,797.71	136.00	1,661.71	546.32	5.39	551.71	275.86

**KAISER HMO**

EE	768.25	729.84	95%	136.00	593.84	38.41	1.77	40.18	20.09
EE +1	1,536.50	1,382.85	90%	136.00	1,246.85	153.65	3.53	157.18	78.59
EE +2	1,997.45	1,797.71	90%	136.00	1,661.71	199.74	4.59	204.33	102.17

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

EE	767.01	729.84	136.00	593.84	37.17	1.76	38.93	19.47
EE +1	1,534.02	1,382.85	136.00	1,246.85	151.17	3.53	154.70	77.35
EE +2	1,994.23	1,797.71	136.00	1,661.71	196.52	4.59	201.11	100.55

**PERSCARE PPO**

EE	1,131.68	729.84	136.00	593.84	401.84	2.60	404.44	202.22
EE +1	2,263.36	1,382.85	136.00	1,246.85	880.51	5.21	885.72	442.86
EE +2	2,942.37	1,797.71	136.00	1,661.71	1,144.66	6.77	1,151.43	575.71

**PERS CHOICE PPO**

EE	866.27	729.84	136.00	593.84	136.43	1.99	138.42	69.21
EE +1	1,732.54	1,382.85	136.00	1,246.85	349.69	3.98	353.67	176.84
EE +2	2,252.30	1,797.71	136.00	1,661.71	454.59	5.18	459.77	229.89

**PERS SELECT PPO (not contracted with PAMF)**

EE	543.19	543.19	136.00	407.19	0.00	1.25	1.25	0.62
EE +1	1,086.38	1,086.38	136.00	950.38	0.00	2.50	2.50	1.25
EE +2	1,412.29	1,412.29	136.00	1,276.29	0.00	3.25	3.25	1.62

**PORAC (available to only PORAC Association members)**

EE	774.00	729.84	136.00	593.84	44.16	1.78	45.94	22.97
EE +1	1,623.00	1,382.85	136.00	1,246.85	240.15	3.73	243.88	121.94
EE +2	2,076.00	1,797.71	136.00	1,661.71	278.29	4.77	283.06	141.53

**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	136.00

\*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.