

**LAW ENFORCEMENT & SHERIFF'S SUPERVISORY UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2019**

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

2019 Monthly County Contributions		
	MEDICAL	FHA
EE	136.00	557.02
EE + 1	136.00	1,250.03
EE + 2	136.00	1,665.84

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	970.90	693.02	136.00	557.02	277.88	2.23	280.11	140.06
EE + 1	1,941.80	1,386.03	136.00	1,250.03	555.77	4.47	560.24	280.12
EE + 2	2,524.34	1,801.84	136.00	1,665.84	722.50	5.81	728.31	364.15

ANTHEM HMO SELECT (Dignity Health Medical Network)								
EE	831.44	693.02	136.00	557.02	138.42	1.91	140.33	70.17
EE + 1	1,662.88	1,386.03	136.00	1,250.03	276.85	3.82	280.67	140.34
EE + 2	2,161.74	1,801.84	136.00	1,665.84	359.90	4.97	364.87	182.44

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Dignity Health Medical Network)								
EE	1,111.13	693.02	136.00	557.02	418.11	2.56	420.67	210.33
EE + 1	2,222.26	1,386.03	136.00	1,250.03	836.23	5.11	841.34	420.67
EE + 2	2,888.94	1,801.84	136.00	1,665.84	1,087.10	6.64	1,093.74	546.87

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)								
EE	901.55	693.02	136.00	557.02	208.53	2.07	210.60	105.30
EE + 1	1,803.10	1,386.03	136.00	1,250.03	417.07	4.15	421.22	210.61
EE + 2	2,344.03	1,801.84	136.00	1,665.84	542.19	5.39	547.58	273.79

KAISER HMO								
EE	768.25	693.02	136.00	557.02	75.23	1.77	77.00	38.50
EE + 1	1,536.50	1,386.03	136.00	1,250.03	150.47	3.53	154.00	77.00
EE + 2	1,997.45	1,801.84	136.00	1,665.84	195.61	4.59	200.20	100.10

WESTERN HEALTH ADVANTAGE HMO (available in Placer, El Dorado, Sacramento, Yolo, Colusa, Solano, Napa, Sonoma, Marin)								
EE	767.01	693.02	136.00	557.02	73.99	1.76	75.75	37.88
EE + 1	1,534.02	1,386.03	136.00	1,250.03	147.99	3.53	151.52	75.76
EE + 2	1,994.23	1,801.84	136.00	1,665.84	192.39	4.59	196.98	98.49

PERSCARE PPO								
EE	1,131.68	693.02	136.00	557.02	438.66	2.60	441.26	220.63
EE + 1	2,263.36	1,386.03	136.00	1,250.03	877.33	5.21	882.54	441.27
EE + 2	2,942.37	1,801.84	136.00	1,665.84	1,140.53	6.77	1,147.30	573.65

PERS CHOICE PPO									
EE	866.27	693.02	80%	136.00	557.02	173.25	1.99	175.24	87.62
EE + 1	1,732.54	1,386.03	80%	136.00	1,250.03	346.51	3.98	350.49	175.25
EE + 2	2,252.30	1,801.84	80%	136.00	1,665.84	450.46	5.18	455.64	227.82

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 only to PORAC Association Members)								
EE	774.00	693.02	136.00	557.02	80.98	1.78	82.76	41.38
EE + 1	1,623.00	1,386.03	136.00	1,250.03	236.97	3.73	240.70	120.35
EE + 2	2,076.00	1,801.84	136.00	1,665.84	274.16	4.77	278.93	139.47

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	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 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.