

**GENERAL REPRESENTATION BARGAINING UNIT  
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS  
FOR CALENDAR YEAR 2019**  
County contribution based on 95/90/90 of Anthem HMO Select

2019 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	136.00	653.87
EE + 1	136.00	1,360.59
EE + 2	136.00	1,809.57

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 0.23% of premium	Total EE Cost	

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

EE	970.90	789.87	136.00	653.87	181.03	2.23	183.26	91.63
EE +1	1,941.80	1,496.59	136.00	1,360.59	445.21	4.47	449.68	224.84
EE +2	2,524.34	1,945.57	136.00	1,809.57	578.77	5.81	584.58	292.29

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

EE	831.44	789.87	95%	136.00	653.87	41.57	1.91	43.48	21.74
EE +1	1,662.88	1,496.59	90%	136.00	1,360.59	166.29	3.82	170.11	85.06
EE +2	2,161.74	1,945.57	90%	136.00	1,809.57	216.17	4.97	221.14	110.57

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

EE	1,111.13	789.87	136.00	653.87	321.26	2.56	323.82	161.91
EE +1	2,222.26	1,496.59	136.00	1,360.59	725.67	5.11	730.78	365.39
EE +2	2,888.94	1,945.57	136.00	1,809.57	943.37	6.64	950.01	475.01

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

EE	901.55	789.87	136.00	653.87	111.68	2.07	113.75	56.88
EE +1	1,803.10	1,496.59	136.00	1,360.59	306.51	4.15	310.66	155.33
EE +2	2,344.03	1,945.57	136.00	1,809.57	398.46	5.39	403.85	201.93

**KAISER HMO**

EE	768.25	768.25	136.00	632.25	0.00	1.77	1.77	0.88
EE +1	1,536.50	1,496.59	136.00	1,360.59	39.91	3.53	43.44	21.72
EE +2	1,997.45	1,945.57	136.00	1,809.57	51.88	4.59	56.47	28.24

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

EE	767.01	767.01	136.00	631.01	0.00	1.76	1.76	0.88
EE +1	1,534.02	1,496.59	136.00	1,360.59	37.43	3.53	40.96	20.48
EE +2	1,994.23	1,945.57	136.00	1,809.57	48.66	4.59	53.25	26.62

**PERSCARE PPO**

EE	1,131.68	789.87	136.00	653.87	341.81	2.60	344.41	172.21
EE +1	2,263.36	1,496.59	136.00	1,360.59	766.77	5.21	771.98	385.99
EE +2	2,942.37	1,945.57	136.00	1,809.57	996.80	6.77	1,003.57	501.78

**PERS CHOICE PPO**

EE	866.27	789.87	136.00	653.87	76.40	1.99	78.39	39.20
EE +1	1,732.54	1,496.59	136.00	1,360.59	235.95	3.98	239.93	119.97
EE +2	2,252.30	1,945.57	136.00	1,809.57	306.73	5.18	311.91	155.96

**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	774.00	136.00	638.00	0.00	1.78	1.78	0.89
EE +1	1,623.00	1,496.59	136.00	1,360.59	126.41	3.73	130.14	65.07
EE +2	2,076.00	1,945.57	136.00	1,809.57	130.43	4.77	135.20	67.60

**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.