

Cease *Admin fee from EE cost Effective June 20,2026

**DEPARTMENT HEAD, BOS, ELECTED OFFICIALS
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2027**

County contribution based on 95/90/90 of the 2027 premium
of the third lowest cost HMO (Blue Shield Access+)

2027 MONTHLY COUNTY CONTRIBUTIONS

	PEMHCA	FHA
EE	167.00	1,238.16
EE + 1	167.00	2,495.42
EE + 2	167.00	3,294.14

**MONTHLY CONTRIBUTIONS
AVAILABLE FOR MEDICAL PREMIUMS**

EE MONTHLY COSTS

Monthly Premium	TOTAL* Contribution	=	PEMHCA Contribution	+	FHA Contribution	EE Cost For Plan	*EE Cost Admin 0.08% of premium	Total EE Cost	EE PAY PERIOD COST
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BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Dignity Health Medical Network)

EE	1,479.12	1,405.16	167.00		1,238.16	73.96	1.18	75.14	37.57
EE + 1	2,958.24	2,662.42	167.00		2,495.42	295.82	2.37	298.19	149.10
EE + 2	3,845.71	3,461.14	167.00		3,294.14	384.57	3.08	387.65	193.83

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	1,202.57	1,202.57	167.00		1,035.57	0.00	0.96	0.96	0.48
EE + 1	2,405.14	2,405.14	167.00		2,238.14	0.00	1.92	1.92	0.96
EE + 2	3,126.68	3,126.68	167.00		2,959.68	0.00	2.50	2.50	1.25

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,486.44	1,405.16	167.00		1,238.16	81.28	1.19	82.47	41.24
EE + 1	2,972.88	2,662.42	167.00		2,495.42	310.46	2.38	312.84	156.42
EE + 2	3,864.74	3,461.14	167.00		3,294.14	403.60	3.09	406.69	203.35

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

EE	1,732.52	1,405.16	167.00		1,238.16	327.36	1.39	328.75	164.38
EE + 1	3,465.04	2,662.42	167.00		2,495.42	802.62	2.77	805.39	402.70
EE + 2	4,504.55	3,461.14	167.00		3,294.14	1,043.41	3.60	1,047.01	523.51

KAISER HMO

EE	1,187.63	1,187.63	167.00		1,020.63	0.00	0.95	0.95	0.48
EE + 1	2,375.26	2,375.26	167.00		2,208.26	0.00	1.90	1.90	0.95
EE + 2	3,087.84	3,087.84	167.00		2,920.84	0.00	2.47	2.47	1.24

PERS GOLD PPO (not contracted with PAMF, subject to Non-PPO charges)

EE	1,215.17	1,215.17	167.00		1,048.17	0.00	0.97	0.97	0.49
EE + 1	2,430.34	2,430.34	167.00		2,263.34	0.00	1.94	1.94	0.97
EE + 2	3,159.44	3,159.44	167.00		2,992.44	0.00	2.53	2.53	1.27

PERS PLATINUM PPO

EE	1,778.62	1,405.16	167.00		1,238.16	373.46	1.42	374.88	187.44
EE + 1	3,557.24	2,662.42	167.00		2,495.42	894.82	2.85	897.67	448.84
EE + 2	4,624.41	3,461.14	167.00		3,294.14	1,163.27	3.70	1,166.97	583.49

PORAC (available to only PORAC Association members)

EE	1,095.00	1,095.00	167.00		928.00	0.00	0.88	0.88	0.44
EE + 1	2,395.00	2,395.00	167.00		2,228.00	0.00	1.92	1.92	0.96
EE + 2	3,115.00	3,115.00	167.00		2,948.00	0.00	2.49	2.49	1.25

DELTA PREFERRED OPTION (DPO+) BUY UP OPTION DENTAL COVERAGE

EE AND DEPENDENTS - ONE FULL YEAR OF ENROLLMENT REQUIRED	48.00	24.00
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VISION SERVICE PLAN

EE+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 167.00

* Total County Contribution for each enrollment tier is the Minimum Employer Contribution per the Public Employees' Medical and Hospital Care Act (PEMHCA) plus the Flexible Health Allowance (FHA) contribution amount for each corresponding enrollment tier.