

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

**GENERAL REPRESENTATION BARGAINING UNIT
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+) per Article 10.1.B.4.b

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 Premium	MONTHLY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS				EE MONTHLY COSTS			EE PAY PERIOD COST
	TOTAL* Contribution	=	PEMHCA Contribution	+ FHA Contribution	EE Cost For Plan	*EE Cost Admin 0.08% of premium	Total EE Cost	

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.