

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

**DEPUTY PROBATION OFFICER BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2026**
County contribution based on 95/90/90 of the 2026 premium for
Blue Shield Trio per Article 10.1.B.2.a

2026 MONTHLY COUNTY CONTRIBUTIONS		
	PEMHCA	FHA
EE	162.00	946.25
EE + 1	162.00	1,937.84
EE + 2	162.00	2,567.80

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 <small>0.08% of premium</small>	Total EE Cost	

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

EE	1,301.95	1,108.25	162.00	946.25	193.70	1.04	194.74	97.37
EE + 1	2,603.90	2,099.84	162.00	1,937.84	504.06	2.08	506.14	253.07
EE + 2	3,385.07	2,729.80	162.00	2,567.80	655.27	2.71	657.98	328.99

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	1,166.58	1,108.25	162.00	946.25	58.33	0.93	59.26	29.63
EE + 1	2,333.16	2,099.84	162.00	1,937.84	233.32	1.87	235.19	117.60
EE + 2	3,033.11	2,729.80	162.00	2,567.80	303.31	2.43	305.74	152.87

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,336.29	1,108.25	162.00	946.25	228.04	1.07	229.11	114.56
EE + 1	2,672.58	2,099.84	162.00	1,937.84	572.74	2.14	574.88	287.44
EE + 2	3,474.35	2,729.80	162.00	2,567.80	744.55	2.78	747.33	373.67

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

EE	1,612.08	1,108.25	162.00	946.25	503.83	1.29	505.12	252.56
EE + 1	3,224.16	2,099.84	162.00	1,937.84	1,124.32	2.58	1,126.90	563.45
EE + 2	4,191.41	2,729.80	162.00	2,567.80	1,461.61	3.35	1,464.96	732.48

UNITEDHEALTHCARE SIGNATUREVALUE ALLIANCE HMO (Palo Alto Medical Foundation)

EE	1,290.06	1,108.25	162.00	946.25	181.81	1.03	182.84	91.42
EE + 1	2,580.12	2,099.84	162.00	1,937.84	480.28	2.06	482.34	241.17
EE + 2	3,354.16	2,729.80	162.00	2,567.80	624.36	2.68	627.04	313.52

UNITEDHEALTHCARE SIGNATUREVALUE HARMONY HMO (Dignity Health Medical Network)

EE	1,133.09	1,108.25	162.00	946.25	24.84	0.91	25.75	12.88
EE + 1	2,266.18	2,099.84	162.00	1,937.84	166.34	1.81	168.15	84.08
EE + 2	2,946.03	2,729.80	162.00	2,567.80	216.23	2.36	218.59	109.30

KAISER HMO

EE	1,168.86	1,108.25	162.00	946.25	60.61	0.94	61.55	30.78
EE + 1	2,337.72	2,099.84	162.00	1,937.84	237.88	1.87	239.75	119.88
EE + 2	3,039.04	2,729.80	162.00	2,567.80	309.24	2.43	311.67	155.84

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

EE	1,120.58	1,108.25	162.00	946.25	12.33	0.90	13.23	6.62
EE + 1	2,241.16	2,099.84	162.00	1,937.84	141.32	1.79	143.11	71.56
EE + 2	2,913.51	2,729.80	162.00	2,567.80	183.71	2.33	186.04	93.02

PERS PLATINUM PPO

EE	1,670.14	1,108.25	162.00	946.25	561.89	1.34	563.23	281.62
EE + 1	3,340.28	2,099.84	162.00	1,937.84	1,240.44	2.67	1,243.11	621.56
EE + 2	4,342.36	2,729.80	162.00	2,567.80	1,612.56	3.47	1,616.03	808.02

PORAC (available to only PORAC Association members)

EE	1,063.00	1,063.00	162.00	901.00	0.00	0.85	0.85	0.43
EE + 1	2,418.00	2,099.84	162.00	1,937.84	318.16	1.93	320.09	160.05
EE + 2	3,027.00	2,729.80	162.00	2,567.80	297.20	2.42	299.62	149.81

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

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

VISION SERVICE PLAN

EE+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	162.00

* 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.