

**UNREPRESENTED MANAGEMENT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2017**
County contribution based on 95/90/90 of HealthNet Smartcare HMO

2017 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	128.00	568.63
EE + 1	128.00	1,191.92
EE + 2	128.00	1,587.90

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 <small>0.31% of premium</small>	Total EE Cost		
BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Physicians Medical Group)								
EE	1,024.85	696.63	128.00	568.63	328.22	3.18	331.40	165.70
EE +1	2,049.70	1,319.92	128.00	1,191.92	729.78	6.35	736.13	368.07
EE +2	2,664.61	1,715.90	128.00	1,587.90	948.71	8.26	956.97	478.49
ANTHEM HMO SELECT (Physicians Medical Group)								
EE	783.46	696.63	128.00	568.63	86.83	2.43	89.26	44.63
EE +1	1,566.92	1,319.92	128.00	1,191.92	247.00	4.86	251.86	125.93
EE +2	2,037.00	1,715.90	128.00	1,587.90	321.10	6.31	327.41	163.71
ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Physicians Medical Group)								
EE	990.05	696.63	128.00	568.63	293.42	3.07	296.49	148.24
EE +1	1,980.10	1,319.92	128.00	1,191.92	660.18	6.14	666.32	333.16
EE +2	2,574.13	1,715.90	128.00	1,587.90	858.23	7.98	866.21	433.10
HEALTHNET SMARTCARE HMO (Physicians Medical Group)								
EE	733.29	696.63	128.00	568.63	36.66	2.27	38.93	19.47
EE +1	1,466.58	1,319.92	128.00	1,191.92	146.66	4.55	151.21	75.60
EE +2	1,906.55	1,715.90	128.00	1,587.90	190.65	5.91	196.56	98.28
UNITED HEALTHCARE HMO (Palo Alto Medical Foundation)								
EE	1,062.26	696.63	128.00	568.63	365.63	3.29	368.92	184.46
EE +1	2,124.52	1,319.92	128.00	1,191.92	804.60	6.59	811.19	405.59
EE +2	2,761.88	1,715.90	128.00	1,587.90	1,045.98	8.56	1,054.54	527.27
KAISER HMO								
EE	733.39	696.63	128.00	568.63	36.76	2.27	39.03	19.52
EE +1	1,466.78	1,319.92	128.00	1,191.92	146.86	4.55	151.41	75.70
EE +2	1,906.81	1,715.90	128.00	1,587.90	190.91	5.91	196.82	98.41
PERSCARE PPO								
EE	932.39	696.63	128.00	568.63	235.76	2.89	238.65	119.33
EE +1	1,864.78	1,319.92	128.00	1,191.92	544.86	5.78	550.64	275.32
EE +2	2,424.21	1,715.90	128.00	1,587.90	708.31	7.52	715.83	357.91
PERS CHOICE PPO								
EE	830.30	696.63	128.00	568.63	133.67	2.57	136.24	68.12
EE +1	1,660.60	1,319.92	128.00	1,191.92	340.68	5.15	345.83	172.91
EE +2	2,158.78	1,715.90	128.00	1,587.90	442.88	6.69	449.57	224.79
PERS SELECT PPO (not contracted with PAMF)								
EE	736.27	696.63	128.00	568.63	39.64	2.28	41.92	20.96
EE +1	1,472.54	1,319.92	128.00	1,191.92	152.62	4.56	157.18	78.59
EE +2	1,914.30	1,715.90	128.00	1,587.90	198.40	5.93	204.33	102.17

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	128.00

*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.