

JOB SHARING (50%) CCEA, CFA, CPOA, CPMA, AND MANAGEMENT

January 1, 2023 Semi-Monthly Health Payroll Deductions

**Payroll deduction for medical plan reflects your cost after city benefit credits are applied*

MEDICAL PLAN	COVERAGE LEVEL	YOUR PAYROLL DEDUCTION FOR MEDICAL*	PLANS ONLY AVAILABLE TO ORANGE COUNTY OR RIVERSIDE RESIDENTS*
PERS PLATINUM	EE ONLY	\$338.90	
	EE + 1	\$678.55	
	FAMILY	\$878.24	
PERS GOLD	EE ONLY	\$179.47	
	EE + 1	\$359.68	
	FAMILY	\$463.71	
BLUE SHIELD ACCESS +	EE ONLY	\$252.81	
	EE + 1	\$506.36	
	FAMILY	\$654.40	
BLUE SHIELD TRIO*	EE ONLY	\$211.86	* ONLY FOR ORANGE OR RIVERSIDE COUNTY RESIDENTS
	EE + 1	\$424.46	
	FAMILY	\$547.93	
KAISER PERMANENTE	EE ONLY	\$209.61	
	EE + 1	\$419.96	
	FAMILY	\$542.08	
HEALTH NET SMARTCARE	EE ONLY	\$248.83	
	EE + 1	\$498.40	
	FAMILY	\$644.05	
HEALTH NET SALUD Y MAS	EE ONLY	\$180.96	
	EE + 1	\$362.66	
	FAMILY	\$467.59	
SHARP PERFORMANCE PLUS	EE ONLY	\$213.98	
	EE + 1	\$428.71	
	FAMILY	\$553.45	
ANTHEM HMO SELECT	EE ONLY	\$214.19	
	EE + 1	\$429.12	
	FAMILY	\$553.98	
ANTHEM HMO TRADITIONAL *	EE ONLY	\$299.06	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$598.87	
	FAMILY	\$774.66	
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$228.32	
	EE + 1	\$457.38	
	FAMILY	\$590.72	
UNITED HEALTHCARE HARMONY	EE ONLY	\$222.29	
	EE + 1	\$445.33	
	FAMILY	\$575.06	
PORAC	EE ONLY	\$241.50	* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$488.75	
	FAMILY	\$609.00	

OPTIONAL BENEFITS	COVERAGE LEVEL	COST
UNITED CONCORDIA PPO DENTAL	EE ONLY	\$21.82
	EE + 1	\$45.44
	FAMILY	\$70.94
UNITED CONCORDIA HMO DENTAL	EE ONLY	\$5.50
	EE + 1	\$10.10
	FAMILY	\$15.95
VSP VISION OPTION 1 - 12/12/12 PLAN	EE ONLY	\$6.07
	EE + 1	\$8.79
	FAMILY	\$15.77
VSP VISION OPTION 2 - 12/12/24 PLAN	EE ONLY	\$4.71
	EE + 1	\$6.82
	FAMILY	\$12.23
ACCIDENTAL DEATH & DISMEMBERMENT	See MyPaycheck for your current cost or the Voluntary AD&D Coverage Highlights document to calculate cost of new coverage.	

OTHER INFORMATION

1. If waiving medical coverage opt-out/waive credit is \$100.00 semi-monthly.
2. Health insurance deductions occur in 24 pay periods.
3. Opt-out/waive credit can be applied toward dental, vision, flexible spending account(s) and/or accidental death & dismemberment insurance. Any amount left will be paid as taxable income on your paycheck.

City benefit credits by medical coverage level:

Employee Only	\$168.50	Family	\$441.00
Employee + 1	\$336.25	Waive Medical	\$100.00**

** opt out/waive credit is subject to change each year