

3/4-TIME CCEA, CFA, CPOA, CPMA & 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	\$254.65	
	EE + 1	\$510.42	
	FAMILY	\$657.74	
PERS GOLD	EE ONLY	\$95.22	
	EE + 1	\$191.55	
	FAMILY	\$243.21	
BLUE SHIELD ACCESS +	EE ONLY	\$168.56	
	EE + 1	\$338.23	
	FAMILY	\$433.90	
BLUE SHIELD TRIO*	EE ONLY	\$127.61	* ONLY FOR ORANGE OR RIVERSIDE COUNTY RESIDENTS
	EE + 1	\$256.33	
	FAMILY	\$327.43	
KAISER PERMANENTE	EE ONLY	\$125.36	
	EE + 1	\$251.83	
	FAMILY	\$321.58	
HEALTH NET SMARTCARE	EE ONLY	\$164.58	
	EE + 1	\$330.27	
	FAMILY	\$423.55	
HEALTH NET SALUD Y MAS	EE ONLY	\$96.71	
	EE + 1	\$194.53	
	FAMILY	\$247.09	
SHARP PERFORMANCE PLUS	EE ONLY	\$129.73	
	EE + 1	\$260.58	
	FAMILY	\$332.95	
ANTHEM HMO SELECT	EE ONLY	\$129.94	
	EE + 1	\$260.99	
	FAMILY	\$333.48	
ANTHEM HMO TRADITIONAL *	EE ONLY	\$214.81	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$430.74	
	FAMILY	\$554.16	
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$144.07	
	EE + 1	\$289.25	
	FAMILY	\$370.22	
UNITED HEALTHCARE HARMONY	EE ONLY	\$138.04	
	EE + 1	\$277.20	
	FAMILY	\$354.56	
PORAC	EE ONLY	\$157.25	* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$320.62	
	FAMILY	\$388.50	

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 \$150.00 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	\$252.75	Family	\$661.50
Employee + 1	\$504.38	Waive Medical	\$150.00**

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