

FULL-TIME CCEA, CFA, CPOA, CPMA, EMTs, MANAGEMENT & ELECTED OFFICIALS

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	\$170.40	
	EE + 1	\$342.30	
	FAMILY	\$437.24	
PERS GOLD	EE ONLY	\$10.97	
	EE + 1	\$23.43	
	FAMILY	\$22.71	
BLUE SHIELD ACCESS +	EE ONLY	\$84.31	
	EE + 1	\$170.11	
	FAMILY	\$213.40	
BLUE SHIELD TRIO*	EE ONLY	\$43.36	* ONLY FOR ORANGE OR RIVERSIDE COUNTY RESIDENTS
	EE + 1	\$88.21	
	FAMILY	\$106.93	
KAISER PERMANENTE	EE ONLY	\$41.11	
	EE + 1	\$83.71	
	FAMILY	\$101.08	
HEALTH NET SMARTCARE	EE ONLY	\$80.33	
	EE + 1	\$162.15	
	FAMILY	\$203.05	
HEALTH NET SALUD Y MAS	EE ONLY	\$12.46	
	EE + 1	\$26.41	
	FAMILY	\$26.59	
SHARP PERFORMANCE PLUS	EE ONLY	\$45.48	
	EE + 1	\$92.46	
	FAMILY	\$112.45	
ANTHEM HMO SELECT	EE ONLY	\$45.69	
	EE + 1	\$92.87	
	FAMILY	\$112.98	
ANTHEM HMO TRADITIONAL *	EE ONLY	\$130.56	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$262.62	
	FAMILY	\$333.66	
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$59.82	
	EE + 1	\$121.13	
	FAMILY	\$149.72	
UNITED HEALTHCARE HARMONY	EE ONLY	\$53.79	
	EE + 1	\$109.08	
	FAMILY	\$134.06	
PORAC	EE ONLY	\$73.00	* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$152.50	
	FAMILY	\$168.00	

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 \$200.00 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.

Semi-monthly city benefit credits by medical coverage level:

Employee Only	\$337.00	Family	\$882.00
Employee + 1	\$672.50	Waive Medical	\$200.00**

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