

**FULL-TIME CCEA, CFA, CPOA, CPMA, MANAGEMENT & ELECTED OFFICIALS**  
**January 1, 2024 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*	UNUSED BENEFIT CREDIT	PLANS ONLY AVAILABLE TO ORANGE COUNTY OR RIVERSIDE RESIDENTS*
<b>PPO Plans</b>				
PERS PLATINUM	EE ONLY	\$212.25		
	EE + 1	\$426.00		
	FAMILY	\$546.45		
PERS GOLD	EE ONLY	\$36.22		
	EE + 1	\$73.94		
	FAMILY	\$88.77		
<b>HMO Plans</b>				
BLUE SHIELD ACCESS +	EE ONLY	\$71.07		
	EE + 1	\$143.64		
	FAMILY	\$179.38		
BLUE SHIELD TRIO*	EE ONLY	\$41.62		* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$84.74		
	FAMILY	\$102.81		
KAISER PERMANENTE	EE ONLY	\$88.98		
	EE + 1	\$179.45		
	FAMILY	\$225.94		
HEALTH NET SALUD Y MAS	EE ONLY	\$0.00	\$21.11	
	EE + 1	\$0.00	\$40.73	
	FAMILY	\$0.00	\$60.30	
SHARP PERFORMANCE PLUS	EE ONLY	\$53.12		
	EE + 1	\$107.74		
	FAMILY	\$132.71		
ANTHEM HMO SELECT	EE ONLY	\$40.36		
	EE + 1	\$82.21		
	FAMILY	\$99.53		
ANTHEM HMO TRADITIONAL *	EE ONLY	\$153.69		* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$308.88		
	FAMILY	\$394.20		
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$55.44		
	EE + 1	\$112.38		
	FAMILY	\$138.75		
UNITED HEALTHCARE HARMONY	EE ONLY	\$32.83		
	EE + 1	\$67.15		
	FAMILY	\$79.95		
PORAC	EE ONLY	\$99.50		* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$206.00		
	FAMILY	\$235.00		

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 or unused benefit credits 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	\$363.50	Family	\$950.50
Employee + 1	\$725.50	Waive Medical	\$200.00**

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