

3/4-TIME CCEA, CFA, CPOA, CPMA & MANAGEMENT

January 1, 2024 Semi-Monthly Health Payroll Deductions

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

| MEDICAL PLAN | YOUR PAYROLL DEDUCTION FOR | | PLANS ONLY AVAILABLE TO ORANGE COUNTY OR RIVERSIDE RESIDENTS* |
|-----------------------------------|----------------------------|----------|---|
| | COVERAGE LEVEL | MEDICAL* | |
| PPO Plans | | | |
| PERS PLATINUM | EE ONLY | \$303.12 | |
| | EE + 1 | \$607.37 | |
| | FAMILY | \$784.07 | |
| PERS GOLD | EE ONLY | \$127.09 | |
| | EE + 1 | \$255.31 | |
| | FAMILY | \$326.39 | |
| HMO Plans | | | |
| BLUE SHIELD ACCESS + | EE ONLY | \$161.94 | |
| | EE + 1 | \$325.01 | |
| | FAMILY | \$417.00 | |
| BLUE SHIELD TRIO* | EE ONLY | \$132.49 | * ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS |
| | EE + 1 | \$266.11 | |
| | FAMILY | \$340.43 | |
| KAISER PERMANENTE | EE ONLY | \$179.85 | |
| | EE + 1 | \$360.82 | |
| | FAMILY | \$463.56 | |
| HEALTH NET SALUD Y MAS | EE ONLY | \$69.76 | |
| | EE + 1 | \$140.64 | |
| | FAMILY | \$177.32 | |
| SHARP PERFORMANCE PLUS | EE ONLY | \$143.99 | |
| | EE + 1 | \$289.11 | |
| | FAMILY | \$370.33 | |
| ANTHEM HMO SELECT | EE ONLY | \$131.23 | |
| | EE + 1 | \$263.58 | |
| | FAMILY | \$337.15 | |
| ANTHEM HMO TRADITIONAL * | EE ONLY | \$244.56 | * ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS |
| | EE + 1 | \$490.25 | |
| | FAMILY | \$631.82 | |
| UNITED HEALTHCARE ALLIANCE | EE ONLY | \$146.31 | |
| | EE + 1 | \$293.75 | |
| | FAMILY | \$376.37 | |
| UNITED HEALTHCARE HARMONY | EE ONLY | \$123.70 | |
| | EE + 1 | \$248.52 | |
| | FAMILY | \$317.57 | |
| PORAC | EE ONLY | \$190.37 | * ONLY FOR CPOA EMPLOYEES |
| | EE + 1 | \$387.37 | |
| | FAMILY | \$472.62 | |

| OPTIONAL BENEFITS | COVERAGE LEVEL | | COST |
|---|--|--|---------|
| | Dental Insurance | | |
| 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 |
| Vision Insurance | | | |
| 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.

City benefit credits by medical coverage level:

| | | | |
|---------------|----------|---------------|------------|
| Employee Only | \$272.63 | Family | \$712.88 |
| Employee + 1 | \$544.13 | Waive Medical | \$150.00** |

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