

JOB SHARING (50%) CCEA, CFA, CPOA, CPMA, AND 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	COVERAGE LEVEL	YOUR PAYROLL DEDUCTION FOR	PLANS ONLY AVAILABLE TO
		DEDUCTION FOR MEDICAL*	ORANGE COUNTY OR RIVERSIDE RESIDENTS*
PPO Plans			
PERS PLATINUM	EE ONLY	\$394.00	
	EE + 1	\$788.75	
	FAMILY	\$1,021.70	
PERS GOLD	EE ONLY	\$217.97	
	EE + 1	\$436.69	
	FAMILY	\$564.02	
HMO Plans			
BLUE SHIELD ACCESS +	EE ONLY	\$252.82	
	EE + 1	\$506.39	
	FAMILY	\$654.63	
BLUE SHIELD TRIO*	EE ONLY	\$223.37	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$447.49	
	FAMILY	\$578.06	
KAISER PERMANENTE	EE ONLY	\$270.73	
	EE + 1	\$542.20	
	FAMILY	\$701.19	
HEALTH NET SALUD Y MAS	EE ONLY	\$160.64	
	EE + 1	\$322.02	
	FAMILY	\$414.95	
SHARP PERFORMANCE PLUS	EE ONLY	\$234.87	
	EE + 1	\$470.49	
	FAMILY	\$607.96	
ANTHEM HMO SELECT	EE ONLY	\$222.11	
	EE + 1	\$444.96	
	FAMILY	\$574.78	
ANTHEM HMO TRADITIONAL *	EE ONLY	\$335.44	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$671.63	
	FAMILY	\$869.45	
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$237.19	
	EE + 1	\$475.13	
	FAMILY	\$614.00	
UNITED HEALTHCARE HARMONY	EE ONLY	\$214.58	
	EE + 1	\$429.90	
	FAMILY	\$555.20	
PORAC	EE ONLY	\$281.25	* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$568.75	
	FAMILY	\$710.25	

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 <i>MyPaycheck</i> for your current cost or the <i>Voluntary AD&D Coverage Highlights</i> 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	\$181.75	Family	\$475.25
Employee + 1	\$362.75	Waive Medical	\$100.00**

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