

# Health Care Premiums for 2023

2023 FLEXIBLE BENEFIT CREDITS				
Employee/Bargaining Unit	Monthly Flex Credit	Semimonthly Flex Credit	Monthly Flex Credit	Semimonthly Flex Credit
Enrolled in County Health Plan			Not Enrolled in County Health Plan (MEDWAV)*	
Employees Covered by the LIUNA MOU — Last date of hire before 11/13/2003	Up to \$823.00	Up to \$411.50	\$425.40	\$212.70
Employees Covered by the LIUNA MOU — Last date of hire on or after 11/13/2003	Up to \$823.00	Up to \$411.50	\$200.00	\$100.00
Employees in the Resident Physician & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications	Up to \$823.00	Up to \$411.50	\$312.50	\$156.25
Employees Covered by the Management Resolution — Last date of hire before 11/13/2003	Up to \$823.00	Up to \$411.50	\$534.00	\$267.00
Employees Covered by the Management Resolution — Last date of hire on or after 11/13/2003	Up to \$823.00	Up to \$411.50	\$200.00	\$100.00
Employees Covered by the DDAA MOU — Last date of hire before 11/14/2010	\$823.00	\$411.50	\$575.40	\$287.70
LEMU	Up to \$959.28	Up to \$479.64	\$0.00	\$0.00
RSA Public Safety	Up to \$940.00	Up to \$470.00	\$0.00	\$0.00
Employees Covered by the SEIU MOU — Last date of hire before 11/11/2004	Up to \$823.00	Up to \$411.50	\$465.00	\$232.50
Employees Covered by the SEIU MOU — Last date of hire on or after 11/11/2004	Up to \$823.00	Up to \$411.50	\$200.00	\$100.00

\*If you are enrolling in the Medical Waiver program, you must complete a Decline Acknowledgment form and provide proof that you are enrolled in other group coverage, such as your spouse's employer plan. This information will be requested after enrollment closes.

**Premium Subsidy.** Premium subsidies are determined by the applicable Memorandum of Understanding or Ordinance that governs your bargaining unit or employee group. See the table below for the employer-paid subsidy contribution provided as a reduction to your 2023 medical premiums.

2023 PREMIUM SUBSIDY				
Employee/Bargaining Unit	Monthly Premium Subsidy	Semimonthly Premium Subsidy	Monthly Premium Subsidy	Semimonthly Premium Subsidy
Family Coverage			Two-Party Coverage	
LIUNA	\$300.00	\$150.00	\$75.00	\$37.50
Employees Covered by the Management Resolution	\$300.00	\$150.00	\$75.00	\$37.50
LEMU	\$300.00	\$150.00	\$75.00	\$37.50
RSA Public Safety	\$100.00	\$50.00	\$25.00	\$12.50
Employees in the Resident Physician & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications	\$100.00	\$50.00	\$25.00	\$12.50
SEIU	\$300.00	\$150.00	\$75.00	\$37.50

# Health Care Premiums for 2023

**Health Care Premiums for 2023.** Premiums are deducted semimonthly (twice a month), which means deductions are taken from your paycheck during 24 pay periods each calendar year. When you receive a third check in a month (the “free” pay period), it will not include a flexible benefit credit or a deduction for your health plans, unless you owe for uncollected premiums. To see your net out-of-pocket cost for health care coverage, remember to subtract your flex credit from the premiums shown in the tables that follow. These rates DO NOT reflect any premium subsidy you may be eligible for. Rates are subject to change.

## DENTAL AND VISION PLAN ELIGIBILITY

### Eligible for County Dental Plans

All Regular County Employees

### Eligible for County Vision Plans

Employees covered by the Management Resolution, Resident Physicians, Pharmacy Residents, DDAA and LEMU bargaining units are eligible for an employer-paid VSP plan. Employees covered by the SEIU, LIUNA and RSA Public Safety bargaining units are eligible to purchase coverage through EyeMed.

COUNTY PLANS – DENTAL*		
	Monthly	Semimonthly
<b>Local Advantage – Plus</b>		
Employee	\$32.26	\$16.13
Two-Party	\$61.50	\$30.75
Family	\$91.50	\$45.75
<b>Local Advantage – Blythe</b>		
Employee	\$20.98	\$10.49
Two-Party	\$32.02	\$16.01
Family	\$50.36	\$25.18
<b>DeltaCare USA DHMO – High Option Plan (10A)</b>		
Employee	\$21.62	\$10.81
Two-Party	\$32.98	\$16.49
Family	\$51.86	\$25.93
<b>Delta Dental PPO</b>		
Employee	\$45.00	\$22.50
Two-Party	\$78.00	\$39.00
Family	\$115.00	\$57.50

COUNTY PLANS – VISION*		
	Monthly	Semimonthly
<b>EyeMed Vision Plan 1</b>		
Employee	\$8.56	\$4.28
Two-Party	\$12.92	\$6.46
Family	\$17.48	\$8.74
<b>EyeMed Vision Plan 2</b>		
Employee	\$7.22	\$3.61
Two-Party	\$11.50	\$5.75
Family	\$15.88	\$7.94

**Reminder: Resident Physicians and Pharmacy Residents are eligible for an employer-paid VSP plan.**

## MEDICAL PLAN ELIGIBILITY

### Eligible for CalPERS Medical Plans

Regular County employees scheduled to work at least 20 hours per week.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

# Health Care Premiums for 2023

PLAN COSTS FOR 2023*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Region 2 (Orange and San Diego Counties)</b>		
<b>Anthem Select HMO</b>		
Employee	\$765.38	\$382.69
Two-Party	\$1,530.74	\$765.37
Family	\$1,989.96	\$994.98
<b>Anthem Traditional HMO</b>		
Employee	\$935.12	\$467.56
Two-Party	\$1,870.24	\$935.12
Family	\$2,431.32	\$1,215.66
<b>Blue Shield Access+ HMO</b>		
Employee	\$842.62	\$421.31
Two-Party	\$1,685.22	\$842.61
Family	\$2,190.80	\$1,095.40
<b>Blue Shield Trio HMO</b>		
Employee	\$760.72	\$380.36
Two-Party	\$1,521.42	\$760.71
Family	\$1,977.86	\$988.93
<b>Health Net Salud y Mas HMO</b>		
Employee	\$698.92	\$349.46
Two-Party	\$1,397.82	\$698.91
Family	\$1,817.18	\$908.59
<b>Health Net SmartCare HMO</b>		
Employee	\$834.66	\$417.33
Two-Party	\$1,669.30	\$834.65
Family	\$2,170.10	\$1,085.05
<b>Kaiser Permanente HMO</b>		
Employee	\$756.22	\$378.11
Two-Party	\$1,512.42	\$756.21
Family	\$1,966.16	\$983.08
<b>PERS Platinum PPO</b>		
Employee	\$1,014.80	\$507.40
Two-Party	\$2,029.60	\$1,014.80
Family	\$2,638.48	\$1,319.24
<b>PERS Gold PPO</b>		
Employee	\$695.94	\$347.97
Two-Party	\$1,391.86	\$695.93
Family	\$1,809.42	\$904.71
<b>PORAC PPO**</b>		
Employee	\$820.00	\$410.00
Two-Party	\$1,650.00	\$825.00
Family	\$2,100.00	\$1,050.00
<b>Sharp HMO</b>		
Employee	\$764.96	\$382.48
Two-Party	\$1,529.92	\$764.96
Family	\$1,988.90	\$994.45
<b>UnitedHealthcare Alliance HMO</b>		
Employee	\$793.64	\$396.82
Two-Party	\$1,587.26	\$793.63
Family	\$2,063.44	\$1,031.72
<b>UnitedHealthcare Harmony HMO</b>		
Employee	\$781.58	\$390.79
Two-Party	\$1,563.16	\$781.58
Family	\$2,032.12	\$1,016.06

Your health plan eligibility and cost are based on where you live. You can select a plan based on your work address. But you should be aware that if you choose a plan near your work address, you are also choosing to use providers for yourself and enrolled dependents near where you work. This may limit your access to providers who are near where you live.

You can also log in to your myCalPERS account and use the Search Health Plans tool to research the health plan coverage and benefits most important to you and your family. Some health plans are available only in certain counties and/or zip codes. Use the CalPERS search tool to find CalPERS health plans available in your area.



\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*PORAC members only

# Health Care Premiums for 2023

PLAN COSTS FOR 2023*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Region 3 (Los Angeles, Riverside and San Bernardino Counties)</b>		
<b>Anthem Select HMO</b>		
Employee	\$737.92	\$368.96
Two-Party	\$1,475.82	\$737.91
Family	\$1,918.58	\$959.29
<b>Anthem Traditional HMO</b>		
Employee	\$942.74	\$471.37
Two-Party	\$1,885.46	\$942.73
Family	\$2,451.10	\$1,225.55
<b>Blue Shield Access+ HMO</b>		
Employee	\$738.30	\$369.15
Two-Party	\$1,476.58	\$738.29
Family	\$1,919.56	\$959.78
<b>Blue Shield Trio HMO</b>		
Employee	\$661.50	\$330.75
Two-Party	\$1,322.98	\$661.49
Family	\$1,719.88	\$859.94
<b>Health Net Salud y Mas HMO</b>		
Employee	\$606.34	\$303.17
Two-Party	\$1,212.68	\$606.34
Family	\$1,576.48	\$788.24
<b>Health Net SmartCare HMO</b>		
Employee	\$755.30	\$377.65
Two-Party	\$1,510.58	\$755.29
Family	\$1,963.76	\$981.88
<b>Kaiser Permanente HMO</b>		
Employee	\$754.64	\$377.32
Two-Party	\$1,509.28	\$754.64
Family	\$1,962.06	\$981.03
<b>PERS Platinum PPO</b>		
Employee	\$992.60	\$496.30
Two-Party	\$1,985.18	\$992.59
Family	\$2,580.74	\$1,290.37
<b>PERS Gold PPO</b>		
Employee	\$680.38	\$340.19
Two-Party	\$1,360.74	\$680.37
Family	\$1,768.96	\$884.48
<b>PORAC PPO**</b>		
Employee	\$820.00	\$410.00
Two-Party	\$1,600.00	\$800.00
Family	\$2,100.00	\$1,050.00
<b>UnitedHealthcare Alliance HMO</b>		
Employee	\$790.46	\$395.23
Two-Party	\$1,580.92	\$790.46
Family	\$2,055.20	\$1,027.60
<b>UnitedHealthcare Harmony HMO</b>		
Employee	\$713.56	\$356.78
Two-Party	\$1,427.10	\$713.55
Family	\$1,855.24	\$927.62

PLAN COSTS FOR 2023*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Out-of-State Region (Residents Outside of California)</b>		
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>		
Employee	\$1,155.44	\$577.72
Two-Party	\$2,310.86	\$1,155.43
Family	\$3,004.12	\$1,502.06
<b>PERS Platinum PPO</b>		
Employee	\$1,003.90	\$501.95
Two-Party	\$2,007.80	\$1,003.90
Family	\$2,610.14	\$1,305.07
<b>PORAC PPO**</b>		
Employee	\$935.00	\$467.50
Two-Party	\$1,899.00	\$949.50
Family	\$2,250.00	\$1,125.00



\*Some rates were rounded to the next even number for even semimonthly premium deductions.

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