

# 2023 HEALTH PLAN PAYROLL AUTHORIZATION

<b>Printed Name:</b>	<b>Department:</b>				
<b>Position Title:</b>	<b>Daytime Phone #:</b>				
<b>UNION REPRESENTATION:</b>	<input type="checkbox"/> YCEA (BU 1-5)	<input type="checkbox"/> DSA (6)	<input type="checkbox"/> MSA (7)	<input type="checkbox"/> PPOA (16,17)	<input type="checkbox"/> DDAA (14)
<b>NON-REPRESENTED UNITS:</b>	<input type="checkbox"/> MGMT/ELECTED (8,10)		<input type="checkbox"/> CONFIDENTIAL (11)		
<b>Residential Address:</b>					
	<i>Street Address - NO PO BOX</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>COUNTY OF RESIDENCE</i>

## COVERAGE LEVEL OPTION (Select One):

- Employee Only       Employee + 1 Dependent (2 PARTY)       Employee + Family  
 Waive Insurance (Health Plan Benefits Declined/Request for In-Lieu of Premium Savings):

*I elect to decline health plan coverage for myself and my dependents through my employer's health benefit plan because I have other "employer sponsored" coverage for which I have provided proof. I have read the "Waiver of Health Coverage" form and understand the conditions under which I can re-enroll in at a later date. I understand that in selecting this option I am waiving all health, dental and vision benefits offered by YUBA COUNTY. I further understand that the in-lieu of premium savings paid to me monthly is taxable income.*

**Must attach Waiver Form and proof of current coverage for all individuals in your expected tax family in order to be eligible.**

## CalPERS HEALTH PLAN OPTION (Select One):

### PPO Options:

- Check Only One Health Plan  
 PERS Platinum  
  
 PERS Gold  
  
 PORAC (*PORAC Members Only*)

### \*\*HMO Options:

- Check Only One Health Plan  
 Kaiser       Anthem Select  
  
 Blue Shield Access+       Anthem Traditional  
  
 United Healthcare       Health Net SmartCare  
  
 Western Health Advantage       Blue Shield TRIO

**\*\*HMO plans are not available to all residential addresses; eligibility is determined by zip code. P.O. Boxes cannot be used to determine eligibility.**

## DENTAL/VISION PLAN OPTION (Select One):

*Your Dental & Vision benefits will be itemized separately from your health insurance on your pay stub.*

- Base Plan (#1000): Delta Dental \$1,500/yr & EyeMed (formerly MES)**       **Buy Up Plan (#2000): Delta Dental \$2,000/yr & EyeMed (formerly MES)**

### Premium Conversion Plan Option:

As provided for by Internal Revenue Code Section 125 for "Cafeteria Plans", the County of Yuba has a flexible benefits plan for health premiums only. Section 125 requires employees be given the opportunity during a designated open enrollment period to elect to participate or not to do so. **The Plan provides employees with the option to pay health coverage premiums with pre-tax dollars.** Employees who elect to participate in the premium conversion program will not be allowed to make enrollment changes during the plan year to the medical and/or dental coverage that has been elected unless there has been a qualified change of status as allowed by the Internal Revenue Code.

- I elect **NOT** to participate in the premium conversion program. (If you choose this, your premiums will be taken out AFTER taxes)
- I elect **TO PARTICIPATE** in the premium conversion program. (If you choose this, your premiums will be taken out BEFORE taxes)

**Note: Rates are established annually and may change. Rates are effective January 1 of each year. You will be notified of any change in your premium prior to the effective date.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES USE ONLY:** Total H/D/V County Pays \$ \_\_\_\_\_ Total Health (ARC) County Pays \$ \_\_\_\_\_ Health Plan Code \_\_\_\_\_

**2023 RATES:****PPO (PREFERRED PROVIDER ORGANIZATION) RATES:**

Plan Name	REGION	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
PERS Gold	1	6131	EE Only	0.00	839.33
	1	6132	2 Party	155.67	1,512.00
	1	6133	Family	205.67	1,959.00
PERS Platinum	1	6011	EE Only	255.08	960.00
	1	6012	2 Party	907.16	1,512.00
	1	6013	Family	1,182.61	1,959.00
PORAC	1	5921	EE Only	0.00	838.72
	1	5922	2 Party	380.19	1,512.00
	1	5923	Family	359.59	1,959.00

**HMO (HEALTH MAINTENANCE ORGANIZATION) RATES:**

Plan Name	REGION	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
Blue Shield Access+	1	5251	EE Only	89.63	960.00
	1	5252	2 Party	576.25	1,512.00
	1	5253	Family	752.43	1,959.00
Kaiser	1	5331	EE Only	0.00	927.76
	1	5332	2 Party	332.51	1,512.00
	1	5333	Family	435.56	1,959.00
United Healthcare	1	5761	EE Only	98.52	960.00
	1	5762	2 Party	594.03	1,512.00
	1	5763	Family	775.54	1,959.00
Western Health Advantage	1	5911	EE Only	0.00	773.68
	1	5912	2 Party	24.36	1,512.00
	1	5913	Family	34.96	1,959.00
Anthem Blue + HMO Select	1	5061	EE Only	183.56	960.00
	1	5062	2 Party	764.11	1,512.00
	1	5063	Family	996.65	1,959.00
Anthem Blue + HMO Traditional	1	5091	EE Only	265.71	960.00
	1	5092	2 Party	928.41	1,512.00
	1	5093	Family	1,210.24	1,959.00
Health Net SmartCare	1	5281	EE Only	229.38	960.00
	1	5282	2 Party	855.75	1,512.00
	1	5283	Family	1,115.78	1,959.00
Blue Shield TRIO	1	4511	EE Only	0.00	902.87
	1	4512	2 Party	282.75	1,512.00
	1	4513	Family	370.87	1,959.00

**DENTAL/VISION PLAN RATES:**

	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
BASE	1001-10	EE Only	0.00	50.82
	1002-11	2 Party	18.43	73.71
	1003-12	Family	30.04	120.17
BUY-UP	2000-10	EE Only	4.30	50.82
	2001-11	2 Party	26.13	73.71
	2002-12	Family	43.24	120.17

**WAIVER AMOUNTS: (HEALTH BENEFITS DECLINED / IN -LIEU OF PREMIUM SAVINGS)**

OTHER (0):	\$150
DDAA	\$200
YCEA, NON-REP (8,10, 11) PPOA, DSA, MSA:	\$250