

# 2024 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>			
Street Address - NO PO BOX		City	State ZIP COUNTY OF RESIDENCE

## 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  Blue Shield TRIO
- Western Health Advantage

**\*\*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
- Buy Up Plan (#2000): Delta Dental \$2,000/yr. & EyeMed

### 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 \_\_\_\_\_

## 2024 RATES:

### PPO (PREFERRED PROVIDER ORGANIZATION) RATES:

Plan Name	REGION	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
PERS Gold	1	6131	EE Only	0.00	928.75
	1	6132	2 Party	184.49	1,662.00
	1	6133	Family	239.14	2,158.00
PERS Platinum	1	6011	EE Only	362.48	967.00
	1	6012	2 Party	985.95	1,662.00
	1	6013	Family	1,281.03	2,158.00
PORAC	1	5921	EE Only	0.00	944.98
	1	5922	2 Party	472.77	1,662.00
	1	5923	Family	512.48	2,158.00

### HMO (HEALTH MAINTENANCE ORGANIZATION) RATES:

Plan Name	REGION	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
Blue Shield Access+	1	5251	EE Only	124.29	967.00
	1	5252	2 Party	509.57	1,662.00
	1	5253	Family	661.74	2,158.00
Kaiser	1	5331	EE Only	68.68	967.00
	1	5332	2 Party	398.36	1,662.00
	1	5333	Family	517.17	2,158.00
United Healthcare	1	5761	EE Only	138.62	967.00
	1	5762	2 Party	538.24	1,662.00
	1	5763	Family	699.02	2,158.00
Western Health Advantage	1	5911	EE Only	0.00	820.81
	1	5912	2 Party	0.00	1,630.63
	1	5913	Family	0.00	2,116.52
Anthem Blue + HMO Select	1	5061	EE Only	186.50	967.00
	1	5062	2 Party	634.01	1,662.00
	1	5063	Family	823.52	2,158.00
Anthem Blue + HMO Traditional	1	5091	EE Only	387.99	967.00
	1	5092	2 Party	1,036.97	1,662.00
	1	5093	Family	1,347.37	2,158.00
Blue Shield TRIO	1	4511	EE Only	0.00	960.87
	1	4512	2 Party	248.74	1,662.00
	1	4513	Family	322.66	2,158.00

### DENTAL/VISION PLAN RATES:

	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
BASE	1001-10	EE Only	0.00	51.22
	1002-11	2 Party	18.55	74.19
	1003-12	Family	30.24	120.97
BUY-UP	2000-10	EE Only	4.30	51.22
	2001-11	2 Party	26.35	74.19
	2002-12	Family	43.54	120.97

### 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