

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