

FULL-TIME CCEA, CFA, CPOA, CPMA, UNREPRESENTED, UNCLASSIFIED & ELECTED OFFICIALS

January 1, 2025 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 MEDICAL*	UNUSED BENEFIT CREDIT	PLANS ONLY AVAILABLE TO ORANGE COUNTY OR RIVERSIDE RESIDENTS*
PPO Plans				
PERS PLATINUM BLUE SHIELD	EE ONLY	\$235.88		
	EE + 1	\$473.76		
	FAMILY	\$608.39		
PERS GOLD BLUE SHIELD	EE ONLY	\$38.88		
	EE + 1	\$79.75		
	FAMILY	\$96.18		
HMO Plans				
BLUE SHIELD ACCESS +	EE ONLY	\$80.77		
	EE + 1	\$163.53		
	FAMILY	\$205.09		
BLUE SHIELD TRIO*	EE ONLY	\$61.05		* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$124.10		
	FAMILY	\$153.83		
KAISER PERMANENTE	EE ONLY	\$78.67		
	EE + 1	\$159.34		
	FAMILY	\$199.64		
HEALTH NET SALUD Y MAS	EE ONLY	\$18.25		
	EE + 1	\$38.49		
	FAMILY	\$42.54		
SHARP PERFORMANCE PLUS	EE ONLY	\$40.73		
	EE + 1	\$83.45		
	FAMILY	\$100.99		
ANTHEM HMO SELECT	EE ONLY	\$66.00		
	EE + 1	\$134.00		
	FAMILY	\$166.70		
ANTHEM HMO TRADITIONAL *	EE ONLY	\$161.99		* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$325.97		
	FAMILY	\$416.26		
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$51.83		
	EE + 1	\$105.66		
	FAMILY	\$129.86		
UNITED HEALTHCARE HARMONY	EE ONLY	\$16.32		
	EE + 1	\$34.64		
	FAMILY	\$37.53		
PORAC	EE ONLY	\$91.50		* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$190.50		
	FAMILY	\$214.00		

OPTIONAL BENEFITS	COVERAGE LEVEL	COST
UNITED CONCORDIA PPO DENTAL	EE ONLY	\$22.91
	EE + 1	\$47.71
	FAMILY	\$74.49
UNITED CONCORDIA HMO DENTAL	EE ONLY	\$5.78
	EE + 1	\$10.61
	FAMILY	\$16.75
VSP VISION OPTION 1 - 12/12/12 PLAN - FRAMES, LENSES AND EXAMS ANNUALLY	EE ONLY	\$6.07
	EE + 1	\$8.79
	FAMILY	\$15.77
VSP VISION OPTION 2 - 12/12/24 PLAN - LENSES AND EXAMS ANNUALLY, FRAMES EVERY 2 YEARS	EE ONLY	\$4.71
	EE + 1	\$6.82
	FAMILY	\$12.23
ACCIDENTAL DEATH & DISMEMBERMENT	See MyPaycheck for your current cost or the Voluntary AD&D Coverage Highlights document to calculate cost of new coverage.	

OTHER INFORMATION

1. If waiving medical coverage opt-out/waive credit is \$200.00 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.

Semi-monthly city benefit credits by medical coverage level:

Employee Only	\$393.50	Family	\$1,028.00
Employee + 1	\$785.00	Waive Medical	\$200.00**

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