

JOB SHARING (50%) CCEA, CFA, CPOA, CPMA & UNREPRESENTED

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*	PLANS ONLY AVAILABLE TO ORANGE COUNTY OR RIVERSIDE RESIDENTS*
PPO Plans			
PERS PLATINUM BLUE SHIELD	EE ONLY	\$432.63	
	EE + 1	\$866.26	
	FAMILY	\$1,122.39	
PERS GOLD BLUE SHIELD	EE ONLY	\$235.63	
	EE + 1	\$472.25	
	FAMILY	\$610.18	
HMO Plans			
BLUE SHIELD ACCESS +	EE ONLY	\$277.52	
	EE + 1	\$556.03	
	FAMILY	\$719.09	
BLUE SHIELD TRIO*	EE ONLY	\$257.80	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$516.60	
	FAMILY	\$667.83	
KAISER PERMANENTE	EE ONLY	\$275.42	
	EE + 1	\$551.84	
	FAMILY	\$713.64	
HEALTH NET SALUD Y MAS	EE ONLY	\$215.00	
	EE + 1	\$430.99	
	FAMILY	\$556.54	
SHARP PERFORMANCE PLUS	EE ONLY	\$237.48	
	EE + 1	\$475.95	
	FAMILY	\$614.99	
ANTHEM HMO SELECT	EE ONLY	\$262.75	
	EE + 1	\$526.50	
	FAMILY	\$680.70	
ANTHEM HMO TRADITIONAL *	EE ONLY	\$358.74	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$718.47	
	FAMILY	\$930.26	
UNITED HEALTHCARE ALLIANCE	EE ONLY	\$248.58	
	EE + 1	\$498.16	
	FAMILY	\$643.86	
UNITED HEALTHCARE HARMONY	EE ONLY	\$213.07	
	EE + 1	\$427.14	
	FAMILY	\$551.53	
PORAC	EE ONLY	\$288.25	* ONLY FOR CPOA EMPLOYEES
	EE + 1	\$583.00	
	FAMILY	\$728.00	

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 <i>MyPaycheck</i> for your current cost or the <i>Voluntary AD&D Coverage Highlights</i> document to calculate cost of new coverage.	

OTHER INFORMATION

1. If waiving medical coverage opt-out/waive credit is \$100.00 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.

City benefit credits by medical coverage level:

Employee Only	\$196.75	Family	\$514.00
Employee + 1	\$392.50	Waive Medical	\$100.00**

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