

**PHYSICIANS ASSOCIATION  
MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS  
FOR CALENDAR YEAR 2014**

2014 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	119.00	527.64
EE + 1	119.00	1,106.21
EE + 2	119.00	1,473.77

County contribution is based on 95/90/90 of the average premium cost of BS Net Value and Anthem Select HMO's

Monthly Premium	MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS			EE MONTHLY COSTS			EE PAY PERIOD COST	
	TOTAL *1 Contribution	= Medical Contribution (PEMHCA)	+ FHA **2 Contribution	EE Cost For Plan	EE Cost Admin 0.33% of premium	Total EE Cost		
<b>BLUE SHIELD ACCESS+ HMO</b>								
EE	836.59	646.64	119.00	527.64	189.95	2.76	192.71	96.36
EE +1	1,673.18	1,225.21	119.00	1,106.21	447.97	5.52	453.49	226.75
EE +2	2,175.13	1,592.77	119.00	1,473.77	582.36	7.18	589.54	294.77

**BLUE SHIELD NET VALUE (Check Provider Directory)**

EE	704.01	646.64	119.00	527.64	57.37	2.32	59.69	29.85
EE +1	1,408.02	1,225.21	119.00	1,106.21	182.81	4.65	187.46	93.73
EE +2	1,830.43	1,592.77	119.00	1,473.77	237.66	6.04	243.70	121.85

**ANTHEM HMO SELECT (Check Provider Directory)**

EE	657.33	646.64	119.00	527.64	10.69	2.17	12.86	6.43
EE +1	1,314.66	1,225.21	119.00	1,106.21	89.45	4.34	93.79	46.89
EE +2	1,709.06	1,592.77	119.00	1,473.77	116.29	5.64	121.93	60.96

**ANTHEM HMO TRADITIONAL**

EE	728.41	646.64	119.00	527.64	81.77	2.40	84.17	42.09
EE +1	1,456.82	1,225.21	119.00	1,106.21	231.61	4.81	236.42	118.21
EE +2	1,893.87	1,592.77	119.00	1,473.77	301.10	6.25	307.35	153.67

**UNITED HEALTHCARE HMO**

EE	764.24	646.64	119.00	527.64	117.60	2.52	120.12	60.06
EE +1	1,528.48	1,225.21	119.00	1,106.21	303.27	5.04	308.31	154.16
EE +2	1,987.02	1,592.77	119.00	1,473.77	394.25	6.56	400.81	200.40

**KAISER (must reside within service area)**

EE	742.72	646.64	119.00	527.64	96.08	2.45	98.53	49.27
EE +1	1,485.44	1,225.21	119.00	1,106.21	260.23	4.90	265.13	132.57
EE +2	1,931.07	1,592.77	119.00	1,473.77	338.30	6.37	344.67	172.34

**PERSCARE**

EE	720.04	646.64	119.00	527.64	73.40	2.38	75.78	37.89
EE +1	1,440.08	1,225.21	119.00	1,106.21	214.87	4.75	219.62	109.81
EE +2	1,872.10	1,592.77	119.00	1,473.77	279.33	6.18	285.51	142.75

**PERS CHOICE**

EE	690.77	646.64	119.00	527.64	44.13	2.28	46.41	23.20
EE +1	1,381.54	1,225.21	119.00	1,106.21	156.33	4.56	160.89	80.44
EE +2	1,796.00	1,592.77	119.00	1,473.77	203.23	5.93	209.16	104.58

**PERS SELECT (Check Provider Directory)**

EE	661.52	646.64	119.00	527.64	14.88	2.18	17.06	8.53
EE +1	1,323.04	1,225.21	119.00	1,106.21	97.83	4.37	102.20	51.10
EE +2	1,719.95	1,592.77	119.00	1,473.77	127.18	5.68	132.86	66.43

**DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE**

EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED	48.00	24.00
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**VISION SERVICE PLAN**

1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED	18.01	9.01
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EE = employee only  
EE+1 = employee plus one dependent  
EE+2 = employee plus two or more dependents

MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL	
RETIREE	119.00

\*1 TOTAL COUNTY CONTRIBUTION FOR ENROLLMENT TIER EE IS PEMHCA MINIMUM PLUS \$527.64; EE+1 IS PEMHCA MINIMUM PLUS \$1,106.21; EE+2 IS PEMHCA MINIMUM PLUS \$1,473.77

\*\*2 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS \$527.64 FOR EE; \$1,106.21 FOR EE+1; \$1,473.77 FOR EE+2. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.