

**NONREPRESENTED EMPLOYEES
HEALTH BENEFIT PLAN RATES
JANUARY 1, 2022 TO DECEMBER 31, 2022**

HEALTH

Blue Shield Access +		HMO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031	\$1,116.01	\$111.61	\$55.81
EE + 1 Dep.	3032	\$2,232.02	\$693.60	\$346.80
EE + 2+ Deps.	3033	\$2,901.63	\$1,097.79	\$548.90

PERS Platinum 90/10 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3221	\$1,057.01	\$52.60	\$26.30
EE + 1 Dep.	3222	\$2,114.02	\$575.60	\$287.80
EE + 2+ Deps.	3223	\$2,748.23	\$944.40	\$472.20

PERS Gold 80/20 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	0531	\$701.23	\$0.00	\$0.00
EE + 1 Dep.	0532	\$1,402.46	\$0.00	\$0.00
EE + 2+ Deps.	0533	\$1,823.20	\$19.36	\$9.68

This information is current as of 7/14/2021 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.