

**DSA EMPLOYEES
HEALTH BENEFIT PLAN RATES
JANUARY 1, 2023 TO DECEMBER 31, 2023**

HEALTH

Blue Shield Access +		HMO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE20	\$1,035.21	\$103.53	\$51.77
EE + 1 Dep.	3032HE20	\$2,070.42	\$532.00	\$266.00
EE + 2+ Deps.	3033HE20	\$2,691.55	\$887.71	\$443.86

PERS Platinum 90/10 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE20	\$1,200.12	\$268.43	\$134.22
EE + 1 Dep.	PLA2HE20	\$2,400.24	\$861.82	\$430.91
EE + 2+ Deps.	PLA3HE20	\$3,120.31	\$1,316.48	\$658.24

PERS Gold 80/20 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE20	\$825.61	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE20	\$1,651.22	\$112.80	\$56.40
EE + 2+ Deps.	GOL3HE20	\$2,146.59	\$342.75	\$171.38

PORAC		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	2071HE20	\$825.00	\$0.00	\$0.00
EE + 1 Dep.	2072HE20	\$1,875.00	\$336.58	\$168.29
EE + 2+ Deps.	2073HE20	\$2,300.00	\$496.16	\$248.08

This information is current as of 7/13/2022 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.