

**GENERAL UNIT 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	3031HE40	\$1,035.21	\$103.53	\$51.77
EE + 1 Dep.	3032HE40	\$2,070.42	\$532.00	\$266.00
EE + 2+ Deps.	3033HE40	\$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	PLA1HE40	\$1,200.12	\$268.43	\$134.22
EE + 1 Dep.	PLA2HE40	\$2,400.24	\$861.82	\$430.91
EE + 2+ Deps.	PLA3HE40	\$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	GOL1HE40	\$825.61	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE40	\$1,651.22	\$112.80	\$56.40
EE + 2+ Deps.	GOL3HE40	\$2,146.59	\$342.75	\$171.38

This information is current as of 7/13/22 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.