

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

**HEALTH**

<b>Blue Shield Access +</b>		<b>HMO</b>		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE01	\$1,035.21	\$103.53	\$51.77
EE + 1 Dep.	3032HE01	\$2,070.42	\$532.00	\$266.00
EE + 2+ Deps.	3033HE01	\$2,691.55	\$887.71	\$443.86

<b>PERS Platinum 90/10 Plan</b>		<b>PPO</b>		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE01	\$1,200.12	\$268.43	\$134.22
EE + 1 Dep.	PLA2HE01	\$2,400.24	\$861.82	\$430.91
EE + 2+ Deps.	PLA3HE01	\$3,120.31	\$1,316.48	\$658.24

<b>PERS Gold 80/20 Plan</b>		<b>PPO</b>		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE01	\$825.61	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE01	\$1,651.22	\$112.80	\$56.40
EE + 2+ Deps.	GOL3HE01	\$2,146.59	\$342.75	\$171.38

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.