

**POA 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	3031HE30	\$1,035.21	\$103.52	\$51.76
EE + 1 Dep.	3032HE30	\$2,070.42	\$207.04	\$103.52
EE + 2+ Deps.	3033HE30	\$2,691.55	\$269.16	\$134.58

PERS Platinum 90/10 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE30	\$1,200.12	\$268.43	\$134.22
EE + 1 Dep.	PLA2HE30	\$2,400.24	\$536.86	\$268.43
EE + 2+ Deps.	PLA3HE30	\$3,120.31	\$697.92	\$348.96

PERS Gold 80/20 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE30	\$825.61	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE30	\$1,651.22	\$0.00	\$0.00
EE + 2+ Deps.	GOL3HE30	\$2,146.59	\$0.00	\$0.00

PORAC		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	2071HE30	\$825.00	\$0.00	\$0.00
EE + 1 Dep.	2072HE30	\$1,875.00	\$11.62	\$5.81
EE + 2+ Deps.	2073HE30	\$2,300.00	\$0.00	\$0.00

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.