

**POA EMPLOYEES  
HEALTH BENEFIT PLAN RATES  
JANUARY 1, 2024 TO DECEMBER 31, 2024**

**HEALTH**

<b>Blue Shield Access +</b>			<b>HMO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE30	\$1,076.84	\$107.68	\$53.84
EE + 1 Dep.	3032HE30	\$2,153.68	\$215.37	\$107.68
EE + 2+ Deps.	3033HE30	\$2,799.78	\$279.98	\$139.99

<b>PERS Platinum 90/10 Plan</b>			<b>PPO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE30	\$1,314.27	\$345.11	\$172.55
EE + 1 Dep.	PLA2HE30	\$2,628.54	\$690.23	\$345.11
EE + 2+ Deps.	PLA3HE30	\$3,417.10	\$897.30	\$448.65

<b>PERS Gold 80/20 Plan</b>			<b>PPO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE30	\$914.82	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE30	\$1,829.64	\$0.00	\$0.00
EE + 2+ Deps.	GOL3HE30	\$2,378.53	\$0.00	\$0.00

<b>PORAC</b>			<b>PPO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	2071HE30	\$931.00	\$0.00	\$0.00
EE + 1 Dep.	2072HE30	\$2,117.00	\$178.69	\$89.34
EE + 2+ Deps.	2073HE30	\$2,651.00	\$131.20	\$65.60

This information is current as of 8/15/23 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.