

**POA EMPLOYEES
HEALTH BENEFIT PLAN RATES
JANUARY 1, 2025 TO DECEMBER 31, 2025**

HEALTH

Blue Shield Access +			HMO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE30	\$1,170.17	\$117.02	\$58.51
EE + 1 Dep.	3032HE30	\$2,340.34	\$234.03	\$117.01
EE + 2+ Deps.	3033HE30	\$3,042.44	\$304.24	\$152.12

PERS Platinum 90/10 Plan			PPO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE30	\$1,476.10	\$422.95	\$211.47
EE + 1 Dep.	PLA2HE30	\$2,952.20	\$845.89	\$422.94
EE + 2+ Deps.	PLA3HE30	\$3,837.86	\$1,099.66	\$549.83

PERS Gold 80/20 Plan			PPO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE30	\$1,013.70	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE30	\$2,027.40	\$0.00	\$0.00
EE + 2+ Deps.	GOL3HE30	\$2,635.62	\$0.00	\$0.00

PORAC			PPO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	2071HE30	\$975.00	\$0.00	\$0.00
EE + 1 Dep.	2072HE30	\$2,218.00	\$111.69	\$55.84
EE + 2+ Deps.	2073HE30	\$2,777.00	\$38.80	\$19.40

This information is current as of 8/16/24 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.