

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

HEALTH

Blue Shield Access +		HMO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE01	\$1,076.84	\$107.68	\$53.84
EE + 1 Dep.	3032HE01	\$2,153.68	\$577.79	\$288.89
EE + 2+ Deps.	3033HE01	\$2,799.78	\$958.47	\$479.23

PERS Platinum 90/10 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE01	\$1,314.27	\$345.11	\$172.55
EE + 1 Dep.	PLA2HE01	\$2,628.54	\$1,052.65	\$526.32
EE + 2+ Deps.	PLA3HE01	\$3,417.10	\$1,575.79	\$787.89

PERS Gold 80/20 Plan		PPO		
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE01	\$914.82	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE01	\$1,829.64	\$253.75	\$126.87
EE + 2+ Deps.	GOL3HE01	\$2,378.53	\$537.22	\$268.61

PORAC		PPO		
	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	\$541.11	\$270.55
EE + 2+ Deps.	2073HE30	\$2,651.00	\$809.69	\$404.84

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.