

# PERS MEDICAL INSURANCE

MONTHLY RATES FOR 2024			
EFFECTIVE 1/1/24 - 12/31/24			
PLAN NAMES	Extra Help Benefit Eligible		
	Employee Only	Employee+1 Dependent	Employee +2 or More
<b>WESTERN HEALTH ADVANTAGE</b>	\$807.23	\$1,614.46	\$2,098.80
County Share	\$723.36	\$1,114.14	\$1,348.90
<b>Employee Share</b>	<b>\$83.87</b>	<b>\$500.32</b>	<b>\$749.90</b>
PLAN CODE	591-1	592-2	592-3
<b>PERS GOLD PPO</b>	\$914.82	\$1,829.64	\$2,378.53
County Share	\$723.36	\$1,114.14	\$1,348.90
<b>Employee Share</b>	<b>\$191.46</b>	<b>\$715.50</b>	<b>\$1,029.63</b>
PLAN CODE	613-1	613-2	613-3
<b>BLUE SHIELD ACCESS+ HMO</b>	\$1,076.84	\$2,153.68	\$2,799.78
County Share	\$723.36	\$1,114.14	\$1,348.90
<b>Employee Share</b>	<b>\$353.48</b>	<b>\$1,039.54</b>	<b>\$1,450.88</b>
PLAN CODE	525-1	525-2	525-3
<b>PERS PLATINUM PPO</b>	\$1,314.27	\$2,628.54	\$3,417.10
County Share	\$723.36	\$1,114.14	\$1,348.90
<b>Employee Share</b>	<b>\$590.91</b>	<b>\$1,514.40</b>	<b>\$2,068.20</b>
PLAN CODE	601-1	601-2	601-3
<b>ANTHEM TRADITIONAL HMO</b>	\$1,339.70	\$2,679.40	\$3,483.22
County Share	\$723.36	\$1,114.14	\$1,348.90
<b>Employee Share</b>	<b>\$616.34</b>	<b>\$1,565.26</b>	<b>\$2,134.32</b>
PLAN CODE	509-1	509-2	509-3
<b>Peace Officers Only</b>			
<b>PORAC PPO (Peace Officers Only)</b>	\$931.00	\$2,117.00	\$2,651.00
County Share	\$723.36	\$1,114.14	\$1,348.90
<b>Employee Share</b>	<b>\$207.64</b>	<b>\$1,002.86</b>	<b>\$1,302.10</b>
PLAN CODE	592-1	592-2	592-3
<b>OPT OUT</b>	<b>\$0.00</b>		

updated 09/15/2023

The employer and employee contribution for Extra Help benefit eligible employees were calculated as follows:

- Employee Only = 89.61 %** of the lowest cost plan
- Employee +1 = 69.01 %** of the lowest cost plan
- Employee + 2 or more 64.27 %** of the lowest cost plan