

# City of Petaluma, California

## Memorandum

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DATE: September 19, 2022  
TO: All Employees Eligible for Health Benefits  
FROM: Charla Freckmann, Director of Human Resources  
SUBJECT: 2023 Health Plan Contribution Rates and Open Enrollment Information

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### 2023 Health Plan Contribution Rates and Open Enrollment Information

Open Enrollment this year is **September 19, 2022** through **October 14, 2022**, for the 2023 plan year

During this time, you may enroll in a health plan(s), change your health plan(s), add/remove eligible dependents to your health plan(s), or cancel your existing health coverage(s) and enroll in medical cash back (if you obtain health coverage elsewhere). The CalPERS Health Benefit Enrollment/Change Form is included in the same email as this memo and can also be found on the City's website and the CalPERS website. **Change forms must be submitted to HR no later than noon (12pm) on Monday, October 17th. HR will not process any changes after that deadline.**

**The Effective Date** of any changes made during open enrollment is **January 1, 2023**. The Employee Contribution towards the January 2023 premium will be deducted from the December 16, 2022 paycheck and then the second paycheck of each month thereafter.

**The City's Contribution** is noted by Bargaining Unit in the tables on the next page and the City's contribution rate is based upon the language in the current MOU's. The City will increase its Public Employees' Medical and Hospital Care Act (PEMHCA) rate (as required) to \$151.00 per month, beginning in the 2023 plan year. The 2023 Kaiser Rates are used as the baseline. The City's Contribution rates are subject to change in response to contract negotiations.

**To Calculate your Employee Contribution:** Review the attached chart of "Region 1- Monthly Rates" (provided by CalPERS). Select the Health Plan you want to participate in. Next, select the type of Coverage Tier/Level: Employee Only, Employee + 1 Dependent, Employee + 2 or more Dependents. This amount will be the total monthly cost of coverage for your selected plan. Next, Subtract the "2023 City's Total Contribution Rate" (the column in italics in the tables on the next page) from the total cost of your selected plan. The amount remaining is your monthly Employee Contribution (which will be deducted from the second paycheck of each month).

*Most Health Plans have had a premium increase so please be sure to review your current plan selection*

**Example #1:**

You select Kaiser: Employee + 1 Dependent  
 \$1,827.48 Monthly Health Premium -  
\$1,743.66 City's Contribution Rate for 2023 (If you belong to Unit 1, for example)

**You Pay:** **\$83.82 = Employee Monthly Contribution**

Please note that the tables below show employee contributions for **Kaiser ONLY**. You will need to calculate your employee contribution if you select a plan other than Kaiser.

**Units 1, 2, 3, 4, 9, 11 - AFSCME / PPMMA & Unit 8**

| Coverage Tier/Level  | 2023 Health Rates (Based on 2023 Region 1- Kaiser Rates) | City's Benefit Contribution | PEMHCA Contribution (Added to the City's Benefit Contribution) | 2023 City's Total Contribution Rate | Example of Employee Monthly Contribution if your selection is Kaiser |
|----------------------|--|-----------------------------|--|-------------------------------------|--|
| Employee Only        | \$913.74   | \$724.60                    | \$151.00   | \$875.60                            | <b>\$38.14</b>   |
| Employee + 1         | \$1,827.48   | \$1,592.66                  | \$151.00   | \$1,743.66                          | <b>\$83.82</b>   |
| Employee + 2 or more | \$2,375.72   | \$2,113.48                  | \$151.00   | \$2,264.48                          | <b>\$111.24</b>  |

**Council**

| Coverage Tier/Level  | 2023 Health Rates (Based on 2023 Region 1- Kaiser Rates) | City's Benefit Contribution | PEMHCA Contribution (Added to the City's Benefit Contribution) | 2023 City's Total Contribution Rate | Example of Employee Monthly Contribution if your selection is Kaiser |
|----------------------|--|-----------------------------|--|-------------------------------------|--|
| Employee Only        | \$913.74   | \$575.95                    | \$151.00   | \$726.95                            | <b>\$186.79</b>  |
| Employee + 1         | \$1,827.48   | \$1,264.95                  | \$151.00   | \$1,415.95                          | <b>\$411.53</b>  |
| Employee + 2 or more | \$2,375.72   | \$1,678.34                  | \$151.00   | \$1,829.34                          | <b>\$546.38</b>  |

**Units 6, 7, 10 - Police, Fire and Safety Mid-Management**

| Coverage Tier/Level  | 2023 Health Rates (Based on 2023 Region 1- Kaiser Rates) | City's Benefit Contribution | PEMHCA Contribution (Added to the City's Benefit Contribution) | 2023 City's Total Contribution Rate | Example of Employee Monthly Contribution if your selection is Kaiser |
|----------------------|--|-----------------------------|--|-------------------------------------|--|
| Employee Only        | \$913.74   | \$724.60                    | \$151.00   | \$875.60                            | <b>\$38.14</b>   |
| Employee + 1         | \$1,827.48   | \$1,592.66                  | \$151.00   | \$1,743.66                          | <b>\$83.82</b>   |
| Employee + 2 or more | \$2,375.72   | \$2,113.48                  | \$151.00   | \$2,264.48                          | <b>\$111.24</b>  |

## Monthly Premiums

Use the monthly premium rates provided by CalPERS (listed on page 3), to calculate your monthly contribution.

1. Select the Health Plan you want to participate in.
2. Select Coverage Tier/Level: Employee Only, Employee + 1 Dependent, Employee + 2 or more Dependents. This is the actual, monthly cost of your Health Plan selection.
3. Subtract the "2023 City's Total Contribution Rate" for your bargaining unit (located in chart above) from this amount.
4. The amount remaining is your monthly cost.

**Example #2:**

You select Blue Shield Access+ (HMO): Employee + 2 more Dependents Coverage  
 \$2,691.55 Monthly Health Premium -  
\$2,264.48 City's Contribution Rate for 2023 (If you belong to Unit 6, for example)

**You Pay: \$427.07 = Employee Monthly Contribution**

**Region 1 - Monthly Rates****Effective: 01/01/2023 - 12/31/2023**

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

\*If you live outside of Region 1, your options and costs may change.

Listed below are all the options for Region 1. Some of these options are not available specifically in Sonoma County. Highlighted in **Blue** are the options available for most of Sonoma County. If you would like to see if another option is available at your home zip code, enter your zip code in the [zip code finder](#) to see your options.

| Health Plans                               | Basic Monthly Rate (\$) |                        |                          |
|--|-------------------------|------------------------|--------------------------|
|  | Employee Only           | Employee + 1 Dependent | Employee + 2+ Dependents |
| Anthem Blue Cross EPO Del Norte            | \$1,200.12              | \$2,400.24             | \$3,120.31               |
| Anthem Blue Cross Select (HMO)             | \$1,128.83              | \$2,257.66             | \$2,934.96               |
| <b>Anthem Blue Cross Traditional (HMO)</b> | <b>\$1,210.71</b>       | <b>\$2,421.42</b>      | <b>\$3,147.85</b>        |
| <b>Blue Shield Access+ (HMO)</b>           | <b>\$1,035.21</b>       | <b>\$2,070.42</b>      | <b>\$2,691.55</b>        |
| Blue Shield Access+ EPO                    | \$1,035.21              | \$2,070.42             | \$2,691.55               |
| Blue Shield Trio (HMO)                     | \$888.94                | \$1,777.88             | \$2,311.24               |
| <b>Health Net SmartCare (HMO)</b>          | <b>\$1,174.50</b>       | <b>\$2,349.00</b>      | <b>\$3,053.70</b>        |
| <b>Kaiser Permanente (HMO)</b>             | <b>\$913.74</b>         | <b>\$1,827.48</b>      | <b>\$2,375.72</b>        |
| PERS Gold (PPO)                            | \$825.61                | \$1,651.22             | \$2,146.59               |
| <b>PERS Platinum (PPO)</b>                 | <b>\$1,200.12</b>       | <b>\$2,400.24</b>      | <b>\$3,120.31</b>        |
| PORAC Region 1                             | \$825.00                | \$1,875.00             | \$2,300.00               |
| United Healthcare                          | \$1,044.07              | \$2,088.14             | \$2,714.58               |
| <b>Western Health Advantage (HMO)</b>      | <b>\$760.17</b>         | <b>\$1,520.34</b>      | <b>\$1,976.44</b>        |

### Medical and Dental Cash-In-Lieu - Effective January 1, 2023

| Units 1, 2, 3 AFSCME<br>Units 4,9,11 PPMMA<br>Unit 8         | Medical<br>Cash-In-Lieu | Dental<br>Cash-In-Lieu | Medical & Dental<br>Cash-In-Lieu |
|--|-------------------------|------------------------|----------------------------------|
| AFSCME New Employees Hired<br>On or After October 10, 2016   | \$400.00                | N/A                    | N/A                              |
| PPMMA New Employees Hired On<br>or After October 1, 2016     | \$400.00                | N/A                    | N/A                              |
| Unit 8 New Employees Hired On<br>or After June 1, 2017       | \$400.00                | N/A                    | N/A                              |
| Employee   | \$437.80                | \$27.53                | \$465.33                         |
| Employee + 1   | \$871.83                | \$55.43                | \$927.26                         |
| Employee + 2 or more   | \$1,132.24              | \$95.76                | \$1,228.00                       |
| Council  | Medical<br>Cash-In-Lieu | Dental<br>Cash-In-Lieu | Medical & Dental<br>Cash-In-Lieu |
| Council Members Hired On or<br>After June 1, 2017            | \$400.00                | N/A                    | N/A                              |
| Employee   | \$363.48                | \$27.73                | \$391.21                         |
| Employee + 1   | \$707.98                | \$55.43                | \$763.40                         |
| Employee + 2 or more   | \$914.67                | \$92.63                | \$1,007.30                       |
| For Units 6, 7, 10 Police, Fire<br>and Safety Mid-Management | Medical<br>Cash-In-Lieu | Dental<br>Cash-In-Lieu | Medical & Dental<br>Cash-In-Lieu |
| Employee   | \$437.80                | \$27.73                | \$465.53                         |
| Employee + 1   | \$871.83                | \$55.43                | \$927.26                         |
| Employee + 2 or more   | \$1,132.24              | \$92.63                | \$1,224.87                       |

**Please note: if you are adding a Spouse/Registered Domestic Partner and/or eligible Dependent(s), you will need to provide qualifying documentation (see email about 2023 Open Enrollment for further details)**

If you have any questions or need additional information, please contact:

Allison Gibson in Human Resources

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