

City of Petaluma, California

Memorandum

Human Resources Office, 11 English Street, Petaluma, CA 94952
(707) 778-4534 Fax (707) 927-1911

DATE: December 1, 2022
TO: All Employees Eligible for Health Benefits
FROM: Charla Freckmann, Director of Human Resources
SUBJECT: 2023 Health Plan Contribution Rates and Information

2023 Health Plan Contribution Rates and Information

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, for 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 on page 3). 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).

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 on the next page 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	\$38.14
Employee + 1	\$1,827.48	\$1,592.66	\$151.00	\$1,743.66	\$83.82
Employee + 2 or more	\$2,375.72	\$2,113.48	\$151.00	\$2,264.48	\$111.24

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	\$186.79
Employee + 1	\$1,827.48	\$1,264.95	\$151.00	\$1,415.95	\$411.53
Employee + 2 or more	\$2,375.72	\$1,678.34	\$151.00	\$1,829.34	\$546.38

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	\$38.14
Employee + 1	\$1,827.48	\$1,592.66	\$151.00	\$1,743.66	\$83.82
Employee + 2 or more	\$2,375.72	\$2,113.48	\$151.00	\$2,264.48	\$111.24

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
Anthem Blue Cross Traditional (HMO)	\$1,210.71	\$2,421.42	\$3,147.85
Blue Shield Access+ (HMO)	\$1,035.21	\$2,070.42	\$2,691.55
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
Health Net SmartCare (HMO)	\$1,174.50	\$2,349.00	\$3,053.70
Kaiser Permanente (HMO)	\$913.74	\$1,827.48	\$2,375.72
PERS Gold (PPO)	\$825.61	\$1,651.22	\$2,146.59
PERS Platinum (PPO)	\$1,200.12	\$2,400.24	\$3,120.31
PORAC Region 1	\$825.00	\$1,875.00	\$2,300.00
United Healthcare	\$1,044.07	\$2,088.14	\$2,714.58
Western Health Advantage (HMO)	\$760.17	\$1,520.34	\$1,976.44

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

Units 1, 2, 3 AFSCME Units 4,9,11 PPMMA Unit 8	Medical Cash-In-Lieu	Dental Cash-In-Lieu	Medical & Dental Cash-In-Lieu
AFSCME New Employees Hired On or After October 10, 2016	\$400.00	N/A	N/A
PPMMA New Employees Hired On or After October 1, 2016	\$400.00	N/A	N/A
Unit 8 New Employees Hired On 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 Cash-In-Lieu	Dental Cash-In-Lieu	Medical & Dental Cash-In-Lieu
Council Members Hired On or 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 and Safety Mid-Management	Medical Cash-In-Lieu	Dental Cash-In-Lieu	Medical & Dental 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 Dependent(s), you will need to provide qualifying documentation. For adding a Spouse/Registered Domestic Partner, you will need to provide a copy of your Marriage Certificate or Certificate of Registered Domestic Partnership and your Spouse's/Registered Domestic Partner's Social Security Card. If you are enrolling Dependent(s)/Child(ren), you will need to provide a copy of their Birth Certificate(s) and Social Security Card(s). To make any changes to your health benefits and coverage, outside of the Open Enrollment period, you must experience a Qualifying Life Event. If you experience a Qualifying Life Event, please notify Human Resources as soon as possible and within 30 days from the date of the event.

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

Allison Gibson in Human Resources

Phone: (707) 776-3771

Email: agibson@cityofpetaluma.org