

City of Petaluma, California

Memorandum

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

DATE: November 30, 2023
TO: All Employees Eligible for Health Coverage
FROM: Allison Gibson, Human Resources Analyst II
SUBJECT: 2024 Health Plan Contribution Rates and Information

2024 Health Plan Contribution Rates and Information

The Employee Contribution towards the January 2024 premium will be deducted from the December 15, 2023 paycheck and then the second paycheck each month thereafter. Cash-in-Lieu is paid out on the second paycheck each month.

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 \$157.00 per month, for the 2024 plan year. The 2024 Kaiser Rates are used as the baseline. The City's Contribution rates are subject to change in response to contract negotiations.

To Calculate your Monthly, Employee Contribution: Use the monthly premium rates provided by CalPERS (as shown in the chart on page 3), to calculate your monthly contribution.

1. Select the Health Plan you want to enroll in.
2. Select the 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.
3. Subtract the "2024 City's Total Contribution Rate" (the column in italics in the table on page 2) from the total cost of your selected plan.
4. The amount remaining is your monthly Employee Contribution (which will be deducted from the second paycheck of each month).

Example #1:

You select Kaiser for Employee + 1 Dependent

\$2,042.82 Monthly Health Premium (for Kaiser) -

\$1,948.53 City's Contribution Rate for 2024 (if you belong to Unit 1 for example)

You Pay: \$94.29 = Employee Monthly Contribution

Example #2:

You select Blue Shield Access+ (HMO) for Employee + 2 or more Dependents

\$2,799.78 Monthly Health Premium (for Blue Shield Access+ HMO) -

\$2,500.98 City's Contribution Rate for 2024 (if you belong to Unit 6 for example)

You Pay: \$298.80 = Employee Monthly Contribution

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

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

Coverage Tier/Level	2024 Health Rates (Based on 2024 Region 1- Kaiser Rates)	City's Benefit Contribution	PEMHCA Contribution (Added to the City's Benefit Contribution)	2024 City's Total Contribution Rate	Example of Employee Monthly Contribution if your selection is Kaiser
Employee Only	\$1,021.41	\$821.19	\$157.00	\$978.19	\$43.22
Employee + 1	\$2,042.82	\$1,791.53	\$157.00	\$1,948.53	\$94.29
Employee + 2 or more	\$2,655.67	\$2,373.74	\$157.00	\$2,530.74	\$124.93

Council

Coverage Tier/Level	2024 Health Rates (Based on 2024 Region 1- Kaiser Rates)	City's Benefit Contribution	PEMHCA Contribution (Added to the City's Benefit Contribution)	2024 City's Total Contribution Rate	Example of Employee Monthly Contribution if your selection is Kaiser
Employee Only	\$1,021.41	\$575.95	\$157.00	\$732.95	\$288.46
Employee + 1	\$2,042.82	\$1,264.95	\$157.00	\$1,421.95	\$620.87
Employee + 2 or more	\$2,655.67	\$1,678.34	\$157.00	\$1,835.34	\$820.33

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

Coverage Tier/Level	2024 Health Rates (Based on 2024 Region 1- Kaiser Rates)	City's Benefit Contribution	PEMHCA Contribution (Added to the City's Benefit Contribution)	2024 City's Total Contribution Rate	Example of Employee Monthly Contribution if your selection is Kaiser
Employee Only	\$1,021.41	\$809.75	\$157.00	\$966.75	\$54.66
Employee + 1	\$2,042.82	\$1,768.65	\$157.00	\$1,925.65	\$117.17
Employee + 2 or more	\$2,655.67	\$2,343.98	\$157.00	\$2,500.98	\$154.69

Region 1 - Monthly Rates**Effective: 01/01/2024 - 12/31/2024**

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 plan is available at your home zip code, enter your zip code in the [zip code finder](https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search) (<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>) to see your options.

Health Plans	Basic Monthly Rate (\$)		
	Employee Only	Employee + 1 Dependent	Employee + 2+ Dependents
Anthem Blue Cross EPO Del Norte	\$1,314.27	\$2,628.54	\$3,417.10
Anthem Blue Cross Select (HMO)	\$1,138.86	\$2,277.72	\$2,961.04
Anthem Blue Cross Traditional (HMO)	\$1,339.70	\$2,679.40	\$3,483.22
Blue Shield Access+ (HMO)	\$1,076.84	\$2,153.68	\$2,799.78
Blue Shield Access+ EPO	\$1,076.84	\$2,153.68	\$2,799.78
Blue Shield Trio (HMO)	\$946.84	\$1,893.68	\$2,461.78
Kaiser Permanente (HMO)	\$1,021.41	\$2,042.82	\$2,655.67
PERS Gold (PPO)	\$914.82	\$1,829.64	\$2,378.53
PERS Platinum (PPO)	\$1,314.27	\$2,628.54	\$3,417.10
PORAC Region 1	\$931.00	\$2,117.00	\$2,651.00
UnitedHealthcare SignatureValue Alliance (HMO)	\$1,091.13	\$2,182.26	\$2,836.94
UnitedHealthcare SignatureValue Harmony	\$937.39	\$1,874.78	\$2,437.21
Western Health Advantage (HMO)	\$807.23	\$1,614.46	\$2,098.80

Medical and Dental Cash-In-Lieu - Effective January 1, 2024

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	\$489.10	\$27.53	\$516.63
Employee + 1	\$974.27	\$55.43	\$1,029.70
Employee + 2 or more	\$1,265.37	\$95.76	\$1,361.13
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	\$366.48	\$27.53	\$394.01
Employee + 1	\$710.98	\$55.43	\$766.41
Employee + 2 or more	\$917.67	\$95.76	\$1,013.43
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	\$483.38	\$27.53	\$510.91
Employee + 1	\$962.83	\$55.43	\$1,018.26
Employee + 2 or more	\$1,250.49	\$95.76	\$1,346.25

Please note: if you are adding a Spouse/Domestic Partner and/or Dependent(s), you will need to provide qualifying documentation. For adding a Spouse/Domestic Partner, you will need to provide a copy of your Marriage Certificate or Certificate of Registered Domestic Partnership and your Spouse's/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

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