



## Health Contributions for 2023 Health Benefits DSA General

### 2023 Medical Plan Premiums (Monthly)

Plan Code	Plan Type	County Contribution	Employee Contribution
<b>Blue Shield HMO</b>			
5251	Employee Only	\$462.78	<b>\$572.42</b>
5252	Employee+1	\$921.30	<b>\$1,149.12</b>
5253	Family	\$1,207.41	<b>\$1,484.14</b>
<b>PERS Platinum</b>			
6011	Employee Only	\$462.78	<b>\$737.34</b>
6012	Employee+1	\$921.30	<b>\$1,478.94</b>
6013	Family	\$1,207.41	<b>\$1,912.90</b>
<b>PERS Gold</b>			
6131	Employee Only	\$462.78	<b>\$362.82</b>
6132	Employee+1	\$921.30	<b>\$729.92</b>
6133	Family	\$1,207.41	<b>\$939.18</b>
<i>*Must be a member of PORAC to enroll in this plan</i>			
<b>PORAC</b>			
5921	Employee Only	\$462.78	<b>\$362.22</b>
5922	Employee+1	\$921.30	<b>\$953.70</b>
5923	Family	\$1,207.41	<b>\$1,092.58</b>

### 2023 Delta Dental Premiums (Monthly)

	Employee	Employee+1	Family
<b>Plan A-PPO/DPO</b>	\$37.44	\$81.74	\$128.44
<b>Plan B-Premier</b>	\$40.82	\$88.14	\$130.84

### 2023 VSP Vision Premiums (Monthly)

	Employee	Employee+1	Family
<b>Vision plan</b>	\$13.90	\$13.90	\$13.90

Note: Rates may vary for those with part-time status, out of area plans, or domestic partners. Please contact Human Resources for further information. [HR.Benefits@buttecounty.net](mailto:HR.Benefits@buttecounty.net).

Employee contribution will be divided between the 1<sup>st</sup> and 2<sup>nd</sup> pay period of the month.

County contribution is subject to Memorandum of Understanding or Salary and Benefits Resolution.