

BUS OPERATOR (ATU) EMPLOYEES
Employee Premium Sharing
Contribution Amounts Effective 1/1/2024

<u>CalPERS</u> <u>"MAGIC 3 PLANS"</u>	Coverage Tier	Monthly Premiums	Monthly Premium Sharing Employee Contribution	Annual HRA Amounts	Annual Stipend Amounts
PERS Kaiser HMO Basic	Employee Only	\$1,021.41	\$60.00	\$1,500.00	\$1,000.00
	Employee +1	\$2,042.82	\$60.00	\$3,000.00	\$2,000.00
	Employee + Family	\$2,655.67	\$60.00	\$3,000.00	\$3,000.00
PERS Gold PPO Basic	Employee Only	\$914.82	\$60.00	\$3,500.00	\$1,000.00
	Employee +1	\$1,829.64	\$60.00	\$7,000.00	\$2,000.00
	Employee + Family	\$2,378.53	\$60.00	\$7,000.00	\$3,000.00
PERS Platinum PPO Basic	Employee Only	\$1,314.27	\$150.00	\$2,500.00	N/A
	Employee +1	\$2,628.54	\$150.00	\$5,000.00	
	Employee + Family	\$3,417.10	\$150.00	\$5,000.00	

Note: Monthly amount will be deducted from the second paycheck of each month in one lump sum on a pre-tax basis.

* If you elect to enroll in any plan OTHER than the "MAGIC 3 PLANS":

- You will NOT receive an HRA account

- You must pay:

the difference in Premium Cost between the plan you elect and the PERS Gold PPO Basic plan,
 PLUS the PERS Gold PPO Applicable Monthly Premium Sharing Employee Contribution.