

**NON-REPRESENTED 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
<b>PERS Kaiser HMO Basic</b>	Employee Only	\$1,021.41	<b>\$61.28</b>	\$1,500.00	\$1,000.00
	Employee +1	\$2,042.82	<b>\$122.57</b>	\$3,000.00	\$2,000.00
	Employee + Family	\$2,655.67	<b>\$159.34</b>	\$3,000.00	\$3,000.00
<b>PERS Gold PPO Basic</b>	Employee Only	\$914.82	<b>\$54.89</b>	\$3,500.00	\$1,000.00
	Employee +1	\$1,829.64	<b>\$109.78</b>	\$7,000.00	\$2,000.00
	Employee + Family	\$2,378.53	<b>\$142.71</b>	\$7,000.00	\$3,000.00
<b>PERS Platinum PPO Basic</b>	Employee Only	\$1,314.27	<b>\$111.71</b>	\$2,500.00	N/A
	Employee +1	\$2,628.54	<b>\$223.43</b>	\$5,000.00	
	Employee + Family	\$3,417.10	<b>\$290.45</b>	\$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.