

**PAY DIFFERENTIAL 495
SEIU OUT-OF-STATE SUPPLEMENTAL
HEALTH CARE PROGRAM PAYMENT
– BARGAINING UNITS 01, 03, 04, 11, 14, 15, 17, 20, 21 AND
RELATED EXCLUDED EMPLOYEES**

Established: 12/01/23

CLASS TITLE	CB/ID	DEPARTMENT
All Classes	R01, R03, R04, R11, R14, R15, R17, R20, R21	All State Departments
All Classes	M01, M03, M14, M17, M21, S01, S03, S04, S11, S14, S15, S17, S20, S21	
All Classes	U01, U04, U15	

RATE	EARNINGS ID
Party Code 1: \$200 per month	GHC1
Party Code 2: \$250 per month	GHC2
Party Code 3: \$300 per month	GHC3

CRITERIA
Employees who are headquartered out-of-state who are eligible for and enrolled as a subscriber in a CalPERS-sponsored Preferred Provider Organization (PPO) health plan due to their inability to enroll in a CalPERS-sponsored Health Maintenance Organization (HMO) plan shall receive a monthly payment based on their health plan party code enrollment starting with the December 2023 pay period (see rates in the chart above).
Note: If an employee's CBID differs from the pay scale CBID for an otherwise eligible class, the employee is eligible for this payment.

FOR ALL CLASSES: IF APPLICABLE, SHOULD PAY DIFFERENTIAL BE:	
PRO RATED	No
SUBJECT TO QUALIFYING PAY PERIOD	No
ALL TIME BASES AND TENURE ELIGIBLE	Yes/No*
SUBJECT TO PERS DEDUCTION:	
CLASSIC	No
PEPRA	No

FOR ALL CLASSES: INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY	
OVERTIME	Yes
IDL	No
EIDL	No
NDI	No
LUMP SUM VACATION	No
LUMP SUM SICK	No
LUMP SUM EXTRA	No

*Retired Annuitants are not eligible unless appointed under Government Code section 21232.