

Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees Effective January 1, 2024

REGION 1

Counties: Alameda, Alpine, Amador, Butte, Calaveres, 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, and Yuba

Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem EPO Del Norte	\$1,314.27	\$2,628.54	\$3,417.10	\$292.86	\$585.72	\$761.43
Anthem Select HMO	\$1,138.86	\$2,277.72	\$2,961.04	\$117.45	\$234.90	\$305.37
Anthem Traditional HMO	\$1,339.70	\$2,679.40	\$3,483.22	\$318.29	\$636.58	\$827.55
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	\$55.43	\$110.86	\$144.11
Blue Shield Access+ EPO	\$1,076.84	\$2,153.68	\$2,799.78	\$55.43	\$110.86	\$144.11
Blue Shield Trio	\$946.84	\$1,893.68	\$2,461.78	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$1,021.41	\$2,042.82	\$2,655.67	\$0.00	\$0.00	\$0.00
PERS Gold	\$914.82	\$1,829.64	\$2,378.53	\$0.00	\$0.00	\$0.00
PERS Platinum	\$1,314.27	\$2,628.54	\$3,417.10	\$292.86	\$585.72	\$761.43
PORAC (POLICE ONLY)	\$931.00	\$2,117.00	\$2,651.00	\$0.00	\$74.18	\$0.00
United HealthCare HMO	\$1,091.13	\$2,182.26	\$2,836.94	\$69.72	\$139.44	\$181.27
United HealthCare Harmony HMO	\$937.39	\$1,874.78	\$2,437.21	\$0.00	\$0.00	\$0.00
Western Health Advantage	\$807.23	\$1,614.46	\$2,098.80	\$0.00	\$0.00	\$0.00

REGION 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$807.71	\$1,615.42	\$2,100.05	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$1,034.38	\$2,068.76	\$2,689.39	\$12.97	\$25.94	\$33.72
Blue Shield Access+ HMO	\$869.14	\$1,738.28	\$2,259.76	\$0.00	\$0.00	\$0.00
Blue Shield Access+ EPO	\$869.14	\$1,738.28	\$2,259.76	\$0.00	\$0.00	\$0.00
Blue Shield Trio	\$810.24	\$1,620.48	\$2,106.62	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$684.77	\$1,369.54	\$1,780.40	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$904.95	\$1,809.90	\$2,352.87	\$0.00	\$0.00	\$0.00
PERS Gold	\$799.44	\$1,598.88	\$2,078.54	\$0.00	\$0.00	\$0.00
PERS Platinum	\$1,151.50	\$2,303.00	\$2,993.90	\$130.09	\$260.18	\$338.23
PORAC (POLICE ONLY)	\$926.00	\$1,863.00	\$2,371.00	\$0.00	\$0.00	\$0.00
Sharp	\$833.24	\$1,666.48	\$2,166.42	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$837.88	\$1,675.76	\$2,178.49	\$0.00	\$0.00	\$0.00
United HealthCare Harmony HMO	\$792.65	\$1,585.30	\$2,060.89	\$0.00	\$0.00	\$0.00

*Sworn Fire employees pay an additional \$5.00 per pay period contribution for all plans.

*****IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.*****

Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees Effective January 1, 2024

REGION 3 Los Angeles, Riverside, San Bernardino						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$841.13	\$1,682.26	\$2,186.94	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$1,012.67	\$2,025.34	\$2,632.94	\$0.00	\$0.00	\$0.00
Blue Shield Access+ HMO	\$756.65	\$1,513.30	\$1,967.29	\$0.00	\$0.00	\$0.00
Blue Shield Trio	\$704.69	\$1,409.38	\$1,832.19	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$630.13	\$1,260.26	\$1,638.34	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$865.41	\$1,730.82	\$2,250.07	\$0.00	\$0.00	\$0.00
PERS Gold	\$785.28	\$1,570.56	\$2,041.73	\$0.00	\$0.00	\$0.00
PERS Platinum	\$1,131.47	\$2,262.94	\$2,941.82	\$110.06	\$220.12	\$286.15
PORAC (POLICE ONLY)	\$926.00	\$1,863.00	\$2,371.00	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$826.44	\$1,652.88	\$2,148.74	\$0.00	\$0.00	\$0.00
United HealthCare Harmony HMO	\$734.76	\$1,469.52	\$1,910.38	\$0.00	\$0.00	\$0.00

REGION - OUT OF STATE						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Kaiser Out of State	\$1,312.45	\$2,624.90	\$3,412.37	\$291.04	\$582.08	\$756.70
PERS Platinum	\$1,146.86	\$2,293.72	\$2,981.84	\$125.45	\$250.90	\$326.17
PORAC (POLICE ONLY)	\$1,056.00	\$2,144.00	\$2,540.00	\$34.59	\$101.18	\$0.00

*Sworn Fire employees pay an additional \$5.00 per pay period contribution for all plans.

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