

Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees Effective January 1, 2025

REGION 1

Counties: Alameda, Alpine, Amador, Butte, Calaveras, 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 Select HMO	\$1,256.65	\$2,513.30	\$3,267.29	\$421.97	\$843.95	\$1,097.13
Anthem Traditional HMO	\$1,500.40	\$3,000.80	\$3,901.04	\$665.72	\$1,331.45	\$1,730.88
Blue Shield Access+ HMO	\$1,170.17	\$2,340.34	\$3,042.44	\$335.49	\$670.99	\$872.28
Blue Shield Access+ EPO	\$1,170.17	\$2,340.34	\$3,042.44	\$335.49	\$670.99	\$872.28
Blue Shield Trio	\$1,134.79	\$2,269.58	\$2,950.45	\$300.11	\$600.23	\$780.29
Kaiser (CA) HMO	\$1,112.90	\$2,225.80	\$2,893.54	\$278.22	\$556.45	\$723.38
PERS Gold	\$1,013.70	\$2,027.40	\$2,635.62	\$179.02	\$358.05	\$465.46
PERS Platinum	\$1,476.10	\$2,952.20	\$3,837.86	\$641.42	\$1,282.85	\$1,667.70
United HealthCare HMO	\$1,184.58	\$2,369.16	\$3,079.91	\$349.90	\$699.81	\$909.75
United HealthCare Harmony HMO	\$1,005.02	\$2,010.04	\$2,613.05	\$170.34	\$340.69	\$442.89
Western Health Advantage	\$914.27	\$1,828.54	\$2,377.10	\$79.59	\$159.19	\$206.94

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	\$919.00	\$1,838.00	\$2,389.40	\$84.32	\$168.65	\$219.24
Anthem Traditional HMO	\$1,110.97	\$2,221.94	\$2,888.52	\$276.29	\$552.59	\$718.36
Blue Shield Access+ HMO	\$948.53	\$1,897.06	\$2,466.18	\$113.85	\$227.71	\$296.02
Blue Shield Access+ EPO	\$948.53	\$1,897.06	\$2,466.18	\$113.85	\$227.71	\$296.02
Blue Shield Trio	\$909.10	\$1,818.20	\$2,363.66	\$74.42	\$148.85	\$193.50
Health Net Salud y Mas	\$823.49	\$1,646.98	\$2,141.07	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$944.34	\$1,888.68	\$2,455.28	\$109.66	\$219.33	\$285.12
PERS Gold	\$864.75	\$1,729.50	\$2,248.35	\$30.07	\$60.15	\$78.19
PERS Platinum	\$1,258.76	\$2,517.52	\$3,272.78	\$424.08	\$848.17	\$1,102.62
Sharp	\$868.45	\$1,736.90	\$2,257.97	\$33.77	\$67.55	\$87.81
United HealthCare HMO	\$890.66	\$1,781.32	\$2,315.72	\$55.98	\$111.97	\$145.56
United HealthCare Harmony HMO	\$819.64	\$1,639.28	\$2,131.06	\$0.00	\$0.00	\$0.00

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

Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees Effective January 1, 2025

REGION 3 Los Angeles, Riverside, San Berardino						
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	\$916.88	\$1,833.76	\$2,383.89	\$82.20	\$164.41	\$213.73
Anthem Traditional HMO	\$1,065.46	\$2,130.92	\$2,770.20	\$230.78	\$461.57	\$600.04
Blue Shield Access+ HMO	\$828.48	\$1,656.96	\$2,154.05	\$0.00	\$0.00	\$0.00
Blue Shield Trio	\$738.11	\$1,476.22	\$1,919.09	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$714.40	\$1,428.80	\$1,857.44	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$926.52	\$1,853.04	\$2,408.95	\$91.84	\$183.69	\$238.79
PERS Gold	\$868.15	\$1,736.30	\$2,257.19	\$33.47	\$66.95	\$87.03
PERS Platinum	\$1,263.73	\$2,527.46	\$3,285.70	\$429.05	\$858.11	\$1,115.54
United HealthCare HMO	\$866.40	\$1,732.80	\$2,252.64	\$31.72	\$63.45	\$82.48
United HealthCare Harmony HMO	\$756.28	\$1,512.56	\$1,966.33	\$0.00	\$0.00	\$0.00

Monthly Dental and Vision Plan Rates for Eligible Permanent Part-Time Employees

Plan	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Delta Dental PPO	\$113.42	\$113.42	\$113.42	\$28.36	\$28.36	\$28.36
DentalCare HMO	\$34.99	\$34.99	\$34.99	\$8.75	\$8.75	\$8.75
VSP Vision	\$8.41	\$16.82	\$19.75	\$2.10	\$4.21	\$4.94