

Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees

Effective January 1, 2020

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	\$861.18	\$1,722.36	\$2,239.07	\$92.69	\$185.38	\$241.00
Anthem Select HMO	\$868.98	\$1,737.96	\$2,259.35	\$100.49	\$200.98	\$261.28
Anthem Traditional HMO	\$1,184.84	\$2,369.68	\$3,080.58	\$416.35	\$832.70	\$1,082.51
Blue Shield Access+ HMO	\$1,127.77	\$2,255.54	\$2,932.20	\$359.28	\$718.56	\$934.13
Blue Shield Access EPO	\$1,127.77	\$2,255.54	\$2,932.20	\$359.28	\$718.56	\$934.13
Blue Shield Trio	\$833.00	\$1,666.00	\$2,165.80	\$64.51	\$129.02	\$167.73
Health Net SmartCare HMO	\$1,000.52	\$2,001.04	\$2,601.35	\$232.03	\$464.06	\$603.28
Kaiser (CA) HMO	\$768.49	\$1,536.98	\$1,998.07	\$0.00	\$0.00	\$0.00
PERS Choice	\$861.18	\$1,722.36	\$2,239.07	\$92.69	\$185.38	\$241.00
PERS Select	\$520.29	\$1,040.58	\$1,352.85	\$0.00	\$0.00	\$0.00
PERSCare	\$1,133.14	\$2,266.28	\$2,946.16	\$364.65	\$729.30	\$948.09
PORAC (POLICE ONLY)	\$774.00	\$1,699.00	\$2,199.00	\$5.51	\$162.02	\$200.93
United HealthCare HMO	\$899.94	\$1,799.88	\$2,339.84	\$131.45	\$262.90	\$341.77
Western Health Advantage	\$731.96	\$1,463.92	\$1,903.10	\$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	\$654.04	\$1,308.08	\$1,700.50	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$934.95	\$1,869.90	\$2,430.87	\$166.46	\$332.92	\$432.80
Blue Shield Access+ HMO	\$909.87	\$1,819.74	\$2,365.66	\$141.38	\$282.76	\$367.59
Health Net Salud y Mas	\$435.14	\$870.28	\$1,131.36	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO	\$719.26	\$1,438.52	\$1,870.08	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$654.24	\$1,290.48	\$1,677.62	\$0.00	\$0.00	\$0.00
PERS Choice	\$736.28	\$1,472.56	\$1,914.33	\$0.00	\$0.00	\$0.00
PERS Select	\$451.54	\$903.08	\$1,174.00	\$0.00	\$0.00	\$0.00
PERSCare	\$986.66	\$1,973.32	\$2,565.32	\$218.17	\$436.34	\$567.25
PORAC (POLICE ONLY)	\$749.00	\$1,499.00	\$1,960.00	\$0.00	\$0.00	\$0.00
Sharp	\$606.02	\$1,212.04	\$1,575.65	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$671.60	\$1,343.20	\$1,746.16	\$0.00	\$0.00	\$0.00

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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	\$619.93	\$1,239.86	\$1,611.82	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$902.63	\$1,805.26	\$2,346.84	\$0.00	\$0.00	\$0.00
Blue Shield Access+ HMO	\$813.17	\$1,626.34	\$2,114.24	\$44.68	\$89.36	\$116.17
Blue Shield Trio	\$624.93	\$1,249.86	\$1,624.82	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$392.31	\$784.62	\$1,020.01	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO	\$648.42	\$1,296.84	\$1,685.89	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$664.39	\$1,328.78	\$1,727.41	\$0.00	\$0.00	\$0.00
PERS Choice	\$710.29	\$1,420.58	\$1,846.75	\$0.00	\$0.00	\$0.00
PERS Select	\$435.74	\$871.48	\$1,132.92	\$0.00	\$0.00	\$0.00
PERSCare	\$931.12	\$1,862.24	\$2,420.91	\$162.63	\$325.26	\$422.84
PORAC (POLICE ONLY)	\$699.00	\$1,399.00	\$1,894.00	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$668.31	\$1,336.62	\$1,737.61	\$0.00	\$0.00	\$0.00

DENTAL AND VISION (Non-Sworn)						
PLANS	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	\$106.38	\$106.38	\$106.38	\$0.00	\$0.00	\$0.00
DentalCare HMO	\$31.96	\$31.96	\$31.96	\$0.00	\$0.00	\$0.00
VSP Vision	\$9.17	\$18.34	\$21.53	\$0.00	\$0.00	\$0.00