

Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees
(excludes Sworn Fire)
Effective January 1, 2021

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 EPO Del Norte	\$935.84	\$1,871.68	\$2,433.18	\$122.20	\$244.40	\$317.72
Anthem Select HMO	\$925.60	\$1,851.20	\$2,406.56	\$111.96	\$223.92	\$291.10
Anthem Traditional HMO	\$1,307.86	\$2,615.72	\$3,400.44	\$494.22	\$988.44	\$1,284.98
Blue Shield Access+ HMO	\$1,170.08	\$2,340.16	\$3,042.21	\$356.44	\$712.88	\$926.75
Blue Shield Access EPO	\$1,170.08	\$2,340.16	\$3,042.21	\$356.44	\$712.88	\$926.75
Blue Shield Trio	\$880.50	\$1,761.00	\$2,289.30	\$66.86	\$133.72	\$173.84
Health Net SmartCare HMO	\$1,120.21	\$2,240.42	\$2,912.55	\$306.57	\$613.14	\$797.09
Kaiser (CA) HMO	\$813.64	\$1,627.28	\$2,115.46	\$0.00	\$0.00	\$0.00
PERS Choice	\$935.84	\$1,871.68	\$2,433.18	\$122.20	\$244.40	\$317.72
PERS Select	\$566.67	\$1,133.34	\$1,473.34	\$0.00	\$0.00	\$0.00
PERSCare	\$1,294.69	\$2,589.38	\$3,366.19	\$481.05	\$962.10	\$1,250.73
PORAC (POLICE ONLY)	\$799.00	\$1,725.00	\$2,199.00	\$0.00	\$97.72	\$83.54
United HealthCare HMO	\$941.17	\$1,882.34	\$2,447.04	\$127.53	\$255.06	\$331.58
Western Health Advantage	\$757.02	\$1,514.04	\$1,968.25	\$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	\$674.69	\$1,349.38	\$1,754.19	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$1,046.04	\$2,092.08	\$2,719.70	\$232.40	\$464.80	\$604.24
Blue Shield Access+ HMO	\$938.96	\$1,877.92	\$2,441.30	\$125.32	\$250.64	\$325.84
Blue Shield Trio	\$722.56	\$1,445.12	\$1,878.66	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$458.66	\$917.32	\$1,192.52	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO	\$769.11	\$1,538.22	\$1,999.69	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$669.77	\$1,339.54	\$1,741.40	\$0.00	\$0.00	\$0.00
PERS Choice	\$783.19	\$1,566.38	\$2,036.29	\$0.00	\$0.00	\$0.00
PERS Select	\$476.92	\$953.84	\$1,239.99	\$0.00	\$0.00	\$0.00
PERSCare	\$1,115.68	\$2,231.36	\$2,900.77	\$302.04	\$604.08	\$785.31
PORAC (POLICE ONLY)	\$749.00	\$1,499.00	\$1,960.00	\$0.00	\$0.00	\$0.00
Sharp	\$632.27	\$1,264.54	\$1,643.90	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$723.84	\$1,447.68	\$1,881.98	\$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 Full-Time Employees
(excludes Sworn Fire)
Effective January 1, 2021

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	\$639.10	\$1,278.20	\$1,661.66	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$984.21	\$1,968.42	\$2,558.95	\$170.57	\$341.14	\$443.49
Blue Shield Access+ HMO	\$834.88	\$1,669.76	\$2,170.69	\$21.24	\$42.48	\$55.23
Blue Shield Trio	\$660.49	\$1,320.98	\$1,717.27	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$412.88	\$825.76	\$1,073.49	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO	\$691.48	\$1,382.96	\$1,797.85	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$669.84	\$1,339.69	\$1,741.60	\$0.00	\$0.00	\$0.00
PERS Choice	\$761.23	\$1,522.46	\$1,979.20	\$0.00	\$0.00	\$0.00
PERS Select	\$459.94	\$919.88	\$1,195.84	\$0.00	\$0.00	\$0.00
PERSCare	\$1,036.07	\$2,072.14	\$2,693.78	\$222.43	\$444.86	\$578.32
PORAC (POLICE ONLY)	\$725.00	\$1,450.00	\$1,894.00	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$720.89	\$1,441.78	\$1,874.31	\$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
PERS Choice	\$760.17	\$1,520.34	\$1,976.44	\$0.00	\$0.00	\$0.00
PERSCare	\$1,008.08	\$2,016.16	\$2,621.01	\$194.44	\$388.88	\$505.55
PORAC (POLICE ONLY)	\$899.00	\$1,850.00	\$2,223.00	\$85.36	\$222.72	\$107.54

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