



2024

MONTHLY MEDICAL PREMIUMS & CONTRIBUTIONS

Premiums - Region 3
Los Angeles, Riverside and San Bernardino

| Plans | Type | Employee Only | Employee + 1 | Family |
|-------------------------------|------|---------------|--------------|------------|
| Anthem Blue Cross Select | HMO | \$841.13 | \$1,682.26 | \$2,186.94 |
| Anthem Blue Cross Traditional | HMO | \$1,012.67 | \$2,025.34 | \$2,632.94 |
| Blue Shield Access + | HMO | \$756.65 | \$1,513.30 | \$1,967.29 |
| Blue Shield Trio | HMO | \$704.69 | \$1,409.38 | \$1,832.19 |
| Health Net Salud y Mas | HMO | \$630.13 | \$1,260.26 | \$1,638.34 |
| Kaiser Permanente | HMO | \$865.41 | \$1,730.82 | \$2,250.07 |
| PERS Gold | PPO | \$785.28 | \$1,570.56 | \$2,041.73 |
| PERS Plantinum | PPO | \$1,131.47 | \$2,262.94 | \$2,941.82 |
| UnitedHealthcare Alliance | HMO | \$826.44 | \$1,652.88 | \$2,148.74 |
| UnitedHealthcare Harmony | HMO | \$734.76 | \$1,469.52 | \$1,910.38 |
| PORAC (Sworn Safety Only) | PPO | \$926 | \$1,863 | \$2,371 |

| Coverage Level | Employee Only | Employee + 1 | Family |
|----------------|---------------|--------------|---------|
| | \$775 | \$1,550 | \$2,025 |