

2026



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 | \$962.68 | \$1,925.36 | \$2,502.97 |
| Anthem Blue Cross Traditional | HMO | \$1,128.53 | \$2,257.06 | \$2,934.18 |
| Blue Shield Access + | HMO | \$917.91 | \$1,835.82 | \$2,386.57 |
| Blue Shield Trio | HMO | \$852.56 | \$1,705.12 | \$2,216.66 |
| Health Net Salud y Mas | HMO | \$740.11 | \$1,480.22 | \$1,924.29 |
| Kaiser Permanente | HMO | \$969.05 | \$1,938.10 | \$2,519.53 |
| PERS Gold | PPO | \$960.03 | \$1,920.06 | \$2,496.08 |
| PERS Plantinum | PPO | \$1,431.81 | \$2,863.62 | \$3,722.71 |
| UnitedHealthcare Alliance | HMO | \$870.76 | \$1,741.52 | \$2,263.98 |
| UnitedHealthcare Harmony | HMO | \$765.51 | \$1,531.02 | \$1,990.33 |
| PORAC (Sworn Safety Only) | PPO | \$1,057 | \$2,127 | \$2,708 |

| Coverage Level | Employee Only | Employee + 1 | Family |
|----------------|---------------|--------------|---------|
| | \$800 | \$1,600 | \$2,100 |