

# Health Premium Rate Chart – Effective January 1, 2024



## Full-Time, Mayor and City Council

Monthly Allowance \$2,257.27 **Region 3** w/Cafeteria Cap per MOU/Resolution

Monthly Allowance \$2,360.40 **Region 2** w/Cafeteria Cap per MOU/Resolution

**Eligible AFSCME Part-Time Employees w/8 years plus - Monthly Allowance \$471 per MOU**

**Eligible AFSCME Part-Time and Temp - Monthly Allowance \$157 per MOU**

## Basic Premiums – Region 3 (Los Angeles, Riverside and San Bernardino counties)

HMO Health Plans	Employee Only	Employee + 1	Family Rate
Anthem Blue Cross Select	\$843.82	\$1,687.64	\$2,193.94
Anthem Traditional	\$1,015.91	\$2,031.82	\$2,641.37
Blue Shield Access	\$759.07	\$1,518.14	\$1,973.59
Blue Shield Trio	\$706.95	\$1,413.89	\$1,838.05
Health Net Salud Y Mas	\$632.15	\$1,264.29	\$1,643.58
Kaiser	\$868.18	\$1,736.36	\$2,257.27
UnitedHealthcare Alliance	\$829.08	\$1,658.17	\$2,155.62
UnitedHealthcare Harmony	\$737.11	\$1,474.22	\$1,916.49
PPO Health Plans	Employee Only	Employee + 1	Family Rate
PERS Platinum	\$1,135.09	\$2,270.18	\$2,951.23
PERS Gold	\$787.79	\$1,575.59	\$2,048.26

## Basic Premiums – Region 2 (Other Southern CA counties)

HMO Health Plans	Employee Only	Employee + 1	Family Rate
Anthem Blue Cross Select	\$810.29	\$1,620.59	\$2,106.77
Anthem Traditional	\$1,037.69	\$2,075.38	\$2,698.00
Blue Shield Access	\$871.92	\$1,743.84	\$2,266.99
Blue Shield Trio	\$812.83	\$1,625.67	\$2,113.36
Health Net Salud Y Mas	\$686.96	\$1,373.92	\$1,786.10
Kaiser	\$907.85	\$1,815.69	\$2,360.40
Sharp	\$835.91	\$1,671.81	\$2,173.35
UnitedHealthcare Alliance	\$840.56	\$1,681.12	\$2,185.46
UnitedHealthcare Harmony	\$759.19	\$1,590.37	\$2,067.48
PPO Health Plans	Employee Only	Employee + 1	Family Rate
PERS Platinum	\$1,155.18	\$2,310.37	\$3,003.48
PERS Gold	\$802.00	\$1,604.00	\$2,085.19

Dental/Vision	Employee Only	Employee + 1	Family Rate
Principal Dental	\$87.00	\$87.00	\$87.00
Superior Vision	\$6.04	\$10.88	\$15.72

\*COBRA Fee 2%