Health Premium Rate Chart – Effective January 1, 2025



Full-Time, Mayor, and City Council

Monthly Allowance \$2,416.66 Region 3 w/Cafeteria Cap per MOU/Resolution Monthly Allowance \$2,463.14 Region 2 w/Cafeteria Cap per MOU/Resolution

CALPERS Eligible Part-Time Employees with 8 years plus - Monthly Allowance \$471 per MOU

CALPERS Eligible 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 | \$919.81 | \$1,839.63 | \$2,391.52 |
| Anthem Blue Cross Traditional | \$1,068.87 | \$2,137.74 | \$2,779.06 |
| Blue Shield Access+ | \$831.13 | \$1,662.26 | \$2,160.94 |
| Blue Shield Trio | \$740.47 | \$1,480.94 | \$1,925.23 |
| Health Net Salud y Más | \$716.69 | \$1,433.37 | \$1,863.38 |
| Kaiser | \$929.48 | \$1,858.97 | \$2,416.66 |
| UnitedHealthcare Alliance | \$869.17 | \$1,738.34 | \$2,259.85 |
| UnitedHealthcare Harmony | \$758.70 | \$1,517.40 | \$1,972.62 |
| PPO Health Plans | Employee Only | Employee + 1 | Family Rate |
| PERS Platinum | \$1,267.77 | \$2,535.55 | \$3,296.21 |
| PERS Gold | \$870.93 | \$1,741.86 | \$2,264.41 |

Basic Premiums – Region 2 (Other Southern CA counties)

| HMO Health Plans | Employee Only | Employee + 1 | Family Rate |
|-------------------------------|----------------------|--------------|-------------|
| Anthem Blue Cross Select | \$921.94 | \$1,843.88 | \$2,397.05 |
| Anthem Blue Cross Traditional | \$1,114.53 | \$2,229.05 | \$2,897.76 |
| Blue Shield Access+ | \$951.57 | \$1,903.13 | \$2,474.07 |
| Blue Shield Trio | \$912.01 | \$1,824.02 | \$2,371.22 |
| Health Net Salud y Más | \$826.13 | \$1,652.25 | \$2,147.92 |
| Kaiser | \$947.36 | \$1,894.72 | \$2,463.14 |
| Sharp Performance Plus | \$871.23 | \$1,742.46 | \$2,265.20 |
| UnitedHealthcare Alliance | \$893.51 | \$1,787.02 | \$2,323.13 |
| UnitedHealthcare Harmony | \$822.26 | \$1,644.53 | \$2,137.88 |
| PPO Health Plans | Employee Only | Employee + 1 | Family Rate |
| PERS Platinum | \$1,262.79 | \$2,525.58 | \$3,283.25 |
| PERS Gold | \$867.52 | \$1,735.03 | \$2,255.54 |

| Dental/Vision | Employee Only | Employee + 1 | Family Rate |
|------------------|---------------|--------------|-------------|
| Principal Dental | \$97.00 | \$97.00 | \$97.00 |
| Superior Vision | \$6.04 | \$10.88 | \$15.72 |

^{*}COBRA Fee 2%



