



KNOW YOUR BENEFITS

2026 MONTHLY INSURANCE CONTRIBUTIONS*

BU	Cafeteria Allowance (Amount subject to Membership Date)		Medical Allowance (Must be enrolled in a medical plan)	Opt-Out Allowance (Amount subject to Membership Date)	
ANBOL	\$727.25 No cash back.		N/A	N/A	
K&M	On or before 4/12/2019 \$2,025.00	On or after 4/13/2019 \$2,025.00 No cash back.	\$162.00	On or before 4/12/2019 \$1,000.00	On or after 4/13/2019 \$500.00
CEA	On or before 3/15/2019 \$1,725.00	On or after 3/16/2019 \$1,725.00 No cash back.	\$162.00	On or before 3/15/2019 \$1,000.00	On or after 3/16/2019 \$500.00
League	On or before 1/28/2022 \$2,025.00	On or after 1/29/2022 \$2,025.00 No cash back.	\$162.00	On or before 1/28/2022 \$1,000.00	On or after 1/29/2022 \$500.00
FA	On or before 12/31/2021 \$2,224.00	On or after 1/1/2022 \$2,224.00 No cash back.	\$162.00	On or before 12/31/2021 \$1,000.00	On or after 1/1/2022 \$500.00
FMA	On or before 6/21/2019 \$2,224.00	On or after 6/22/2019 \$2,224.00 No cash back.	\$162.00	On or before 6/21/2019 \$1,000.00	On or after 6/22/2019 \$500.00
LMA	On or before 9/27/2019 \$2,045.00	On or after 9/28/2019 \$2,045.00 PT \$727.25 No cash back.	\$162.00 FT N/A PT	On or before 9/27/2019 \$1,000.00	On or after 9/28/2019 \$500.00
PA	On or before 12/31/2021 \$1,924.00	On or after 01/01/2022 \$1,924.00 No cash back.	\$162.00	On or before 13/31/2021 \$1,000.00	On or after 01/01/2022 \$500.00
PMA	On or before 12/17/2021 \$1,924.00	On or after 12/18/2021 \$1,924.00 No cash back.	\$162.00	On or before 12/17/2021 \$1,000.00	On or after 12/18/2021 \$500.00
Prof/Tech	On or before 3/15/2019 \$2,025.00	On or after 3/16/2019 \$2,025.00 No cash back.	\$162.00	On or before 3/15/2019 \$1,000.00	On or after 3/16/2019 \$500.00
PTEANB	On or before 6/30/2014 ≥ 30 hours \$775 No cash back.	Remainder \$727.25 No cash back.	N/A	On or before 6/30/2014 ≥ 30 Hours \$263.40 /month	On or before 6/30/2014 ≤ 30 Hours \$3.25 /hour worked; (Max of 60 hours per pay period)

*Refer to [MOU](#) for additional details.



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MONTHLY INSURANCE PREMIUMS

Basic	2025			2026		
	Single	2-Party	Family	Single	2-Party	Family
Basic Premium Rates - REGION 2						
<i>Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare & Ventura</i>						
Anthem Select HMO	\$919.00	\$1,838.00	\$2,389.40	\$1,016.32	\$2,032.64	\$2,642.43
Anthem Traditional HMO	\$1,110.97	\$2,221.94	\$2,888.52	\$1,158.26	\$2,316.52	\$3,011.48
Blue Shield Access + HMO	\$948.53	\$1,897.06	\$2,466.18	\$1,052.89	\$2,105.78	\$2,737.51
Blue Shield Trio HMO	\$909.10	\$1,818.20	\$2,363.66	\$936.58	\$1,873.16	\$2,435.11
Health Net Salud y Más HMO	\$823.49	\$1,646.98	\$2,141.07	\$879.57	\$1,759.14	\$2,286.88
Kaiser Permanente HMO	\$944.34	\$1,888.68	\$2,455.28	\$987.69	\$1,975.38	\$2,567.99
UnitedHealthcare Alliance HMO	\$890.66	\$1,781.32	\$2,315.72	\$950.99	\$1,901.98	\$2,472.57
UnitedHealthcare Harmony HMO	\$819.64	\$1,639.28	\$2,131.06	\$857.14	\$1,714.28	\$2,228.56
Sharp HMO (Services San Diego County)	\$868.45	\$1,736.90	\$2,257.97	\$916.20	\$1,832.40	\$2,382.12
PERS Gold PPO	\$864.75	\$1,729.50	\$2,248.35	\$956.28	\$1,912.56	\$2,486.33
PERS Platinum PPO	\$1,258.76	\$2,517.52	\$3,272.78	\$1,426.24	\$2,852.48	\$3,708.22
PORAC PPO (Association Plan)	\$970.00	\$1,951.00	\$2,484.00	\$1,057.00	\$2,127.00	\$2,708.00
Basic Premium Rates – REGION 3						
<i>Los Angeles, San Bernardino & Riverside</i>						
Anthem Select HMO	\$916.88	\$1,833.76	\$2,383.89	\$962.68	\$1,925.36	\$2,502.97
Anthem Traditional HMO	\$1,065.46	\$2,130.92	\$2,770.20	\$1,128.53	\$2,257.06	\$2,934.18
Blue Shield Access + HMO	\$828.48	\$1,656.96	\$2,154.05	\$917.91	\$1,835.82	\$2,386.57
Blue Shield Trio HMO	\$738.11	\$1,476.22	\$1,919.09	\$852.56	\$1,705.12	\$2,216.66
Health Net Salud y Más HMO	\$714.40	\$1,428.80	\$1,857.44	\$740.11	\$1,480.22	\$1,924.29
Kaiser Permanente HMO	\$926.52	\$1,853.04	\$2,408.95	\$969.05	\$1,938.10	\$2,519.53
UnitedHealthcare Alliance HMO	\$866.40	\$1,732.80	\$2,252.64	\$870.76	\$1,741.52	\$2,263.98
UnitedHealthcare Harmony HMO	\$756.28	\$1,512.56	\$1,966.33	\$765.51	\$1,531.02	\$1,990.33
PERS Gold PPO	\$868.15	\$1,736.30	\$2,257.19	\$960.03	\$1,920.06	\$2,496.08
PERS Platinum PPO	\$1,263.73	\$2,527.46	\$3,285.70	\$1,431.81	\$2,863.62	\$3,722.71
PORAC PPO (Association Plan)	\$970.00	\$1,951.00	\$2,484.00	\$1,057.00	\$2,127.00	\$2,708.00
DENTAL & VISION - ALL REGIONS						
Dental HMO	\$16.11	\$30.59	\$42.67	\$16.11	\$30.59	\$42.67
Dental PPO	\$55.25	\$112.42	\$154.58	\$58.01	\$118.04	\$162.31
Vision PPO	\$8.92	\$17.83	\$28.71	\$8.92	\$17.83	\$28.71

QUESTIONS? CONTACT 949-644-3294 OR HRBENEFIT@NEWPORTBEACHCA.GOV