



KNOW YOUR BENEFITS

2024 Monthly Insurance Contributions - Full Time

	Cafeteria Allowance <i>(Amount subject to Hire Date)</i>		Medical Allowance <i>(Must enroll in a medical plan)</i>	Opt-Out Allowance	Opt-Out Allowance
K&M	Hired on or before 4/12/2019 \$1,725.00	Hired on or after 4/13/2019 Match all premiums up to \$1,725.00 No Cash Back	\$157.00	Hired on or before 4/12/2019 \$1,000.00	Hired on or after 4/13/2019 \$500.00
CEA & Prof/Tech	Hired on or before 3/15/2019 \$1,725.00	Hired on or after 3/16/2019 Match all premiums up to \$1,725.00 No Cash Back		Hired on or before 3/15/2019 \$1,000.00	Hired on or after 3/16/2019 \$500.00
FMA	Hired on or before 6/21/2019 \$1,924.00	Hired on or after 6/22/2019 Match all premiums up to \$1,924.00 No Cash Back		Hired on or before 6/21/2019 \$1,000.00	Hired on or after 6/22/2019 \$500.00
FA	Hired on or before 12/31/2021 \$1,924.00	Hired on or after 1/1/2022 Match all premiums up to \$1,924.00 No Cash Back		Hired on or before 12/31/2021 \$1,000.00	Hired on or after 1/1/2022 \$500.00
League	Hired on or before 1/28/2022 \$1,725.00	Hired on or after 1/29/2022 Match all premiums up to \$1,725.00 No Cash Back		Hired on or before 1/28/2022 \$1,000.00	Hired on or after 1/29/2022 \$500.00
LMA	Hired on or before 9/27/2019 \$1,745.00 PT \$637.53	Hired on or after 9/28/2019 Match all premiums up to \$1,745.00 PT \$637.53 No Cash Back		Hired on or before 9/27/2019 \$1,000.00	Hired on or after 9/28/2019 \$500.00 PT No Opt-Out Allowance
PA	Hired on or before 12/17/2021 \$1,624.00	Hired on or after 12/18/2021 Match all premiums up to \$1,624.00 No Cash Back		Hired on or before 12/17/2021 \$1,000.00	Hired on or after 12/18/2021 \$500.00
PMA	Hired on or before 12/17/2021 \$1,624.00	Hired on or after 12/18/2021 Match all premiums up to \$1,624.00 No Cash Back		Hired on or before 12/17/2021 \$1,000.00	Hired on or after 12/18/2021 \$500.00



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Monthly Insurance Premiums

Basic	2023			2024		
	Single	2-Party	Family	Single	2-Party	Family
Basic Premium Rates – REGION 2						
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare & Ventura						
Anthem Select HMO	\$765.37	\$1,530.74	\$1,989.96	\$807.71	\$1,615.42	\$2,100.05
Anthem Traditional HMO	\$935.12	\$1,870.24	\$2,431.31	\$1,034.38	\$2,068.76	\$2,689.39
Blue Shield Trio HMO	\$760.71	\$1,521.42	\$1,977.85	\$810.24	\$1,620.48	\$2,106.62
Blue Shield Access + HMO	\$842.61	\$1,685.22	\$2,190.76	\$869.14	\$1,738.28	\$2,259.76
Health Net Salud y Más HMO	\$698.91	\$1,397.82	\$1,817.17	\$684.77	\$1,369.54	\$1,780.40
Kaiser HMO	\$756.21	\$1,512.42	\$1,966.15	\$904.95	\$1,809.90	\$2,352.87
UnitedHealthcare Alliance HMO	\$793.63	\$1,587.26	\$2,063.44	\$837.88	\$1,675.76	\$2,178.49
UnitedHealthcare Harmony HMO	\$781.58	\$1,563.16	\$2,032.11	\$792.65	\$1,585.30	\$2,060.89
Sharp HMO (Services San Diego County)	\$764.96	\$1,529.92	\$1,988.90	\$833.24	\$1,666.48	\$2,166.42
PERS Gold PPO	\$695.93	\$1,391.86	\$1,809.42	\$799.44	\$1,598.88	\$2,078.54
PERS Platinum PPO	\$1,014.80	\$2,029.60	\$2,638.48	\$1,151.50	\$2,303.00	\$2,993.90
PORAC PPO (Association Plan)	\$820.00	\$1,650.00	\$2,100.00	\$926.00	\$1,863.00	\$2,371.00
Basic Premium Rates – REGION 3						
Los Angeles, San Bernardino & Riverside						
Anthem Select HMO	\$737.91	\$1,475.82	\$1,918.57	\$841.13	\$1,682.26	\$2,186.94
Anthem Traditional HMO	\$942.73	\$1,885.46	\$2,451.10	\$1,012.67	\$2,025.34	\$2,632.94
Blue Shield Trio HMO	\$661.49	\$1,322.98	\$1,719.87	\$704.69	\$1,409.38	\$1,832.19
Blue Shield Access + HMO	\$738.29	\$1,476.58	\$1,919.55	\$756.65	\$1,513.30	\$1,967.29
Health Net Salud y Más HMO	\$606.34	\$1,212.68	\$1,576.48	\$630.13	\$1,260.26	\$1,638.34
Kaiser HMO	\$754.64	\$1,509.28	\$1,962.06	\$865.41	\$1,730.82	\$2,250.07
UnitedHealthcare Alliance HMO	\$790.46	\$1,580.92	\$2,055.20	\$826.44	\$1,652.88	\$2,148.74
UnitedHealthcare Harmony HMO	\$713.55	\$1,427.10	\$1,855.23	\$734.76	\$1,469.52	\$1,910.38
PERS Gold PPO	\$680.37	\$1,360.74	\$1,768.96	\$785.28	\$1,570.56	\$2,041.73
PERS Platinum PPO	\$992.59	\$1,985.18	\$2,580.73	\$1,131.47	\$2,262.94	\$2,941.82
PORAC PPO (Association Plan)	\$820.00	\$1,600.00	\$2,100.00	\$926.00	\$1,863.00	\$2,371.00
DENTAL & VISION – ALL REGIONS						
	MetLife 2023			Delta Dental & VSP Vision 2024		
Dental HMO	\$14.03	\$26.65	\$37.17	\$16.11	\$30.59	\$42.67
Dental PPO	\$57.30	\$116.59	\$160.32	\$55.25	\$112.42	\$154.58
Vision PPO	\$8.76	\$16.79	\$23.99	\$8.92	\$17.83	\$28.71