



# KNOW YOUR BENEFITS

## 2025 Monthly Insurance Contributions - Full Time

|                            | Cafeteria Allowance*<br>(Amount subject to Hire Date)        |   | Medical Allowance<br>(Must enroll in medical plan) | Opt-Out Allowance<br>(Amount Subject to Hire Date) |   |
|----------------------------|--|---|--|--|---|
| <b>K&amp;M</b>             | Hired on or before<br>4/12/2019<br>\$1,725.00                | Hired on or after<br>4/13/2019<br>\$1,725.00<br>No Cash Back                | \$158.00   | Hired on or before<br>4/12/2019<br>\$1,000.00      | Hired on or after<br>4/13/2019<br>\$500.00                            |
| <b>CEA &amp; PROF/TECH</b> | Hired on or before<br>3/15/2019<br>\$1,725.00                | Hired on or after<br>3/16/2019<br>\$1,725.00<br>No Cash Back                |  | Hired on or before<br>3/15/2019<br>\$1,000.00      | Hired on or after<br>3/16/2019<br>\$500.00                            |
| <b>FMA</b>                 | Hired on or before<br>6/21/2019<br>\$1,924.00                | Hired on or after<br>6/22/2019<br>\$1,924.00<br>No Cash Back                |  | Hired on or before<br>6/21/2019<br>\$1,000.00      | Hired on or after<br>6/22/2019<br>\$500.00                            |
| <b>FA</b>                  | Hired on or before<br>12/31/2021<br>\$1,924.00               | Hired on or after<br>1/1/2022<br>\$1,924.00<br>No Cash Back                 |  | Hired on or before<br>12/31/2021<br>\$1,000.00     | Hired on or after<br>1/1/2022<br>\$500.00                             |
| <b>League</b>              | Hired on or before<br>1/28/2022<br>\$1,725.00                | Hired on or after<br>1/29/2022<br>\$1,725.00<br>No Cash Back                |  | Hired on or before<br>1/28/2022<br>\$1,000.00      | Hired on or after<br>1/29/2022<br>\$500.00                            |
| <b>LMA</b>                 | Hired on or before<br>9/27/2019<br>\$1,745.00<br>PT \$637.53 | Hired on or after<br>9/28/2019<br>\$1,745.00<br>PT \$637.53<br>No Cash Back |  | Hired on or before<br>9/27/2019<br>\$1,000.00      | Hired on or after<br>9/28/2019<br>\$500.00<br>PT No Opt-Out Allowance |
| <b>PA</b>                  | Hired on or before<br>12/17/2021<br>\$1,624.00               | Hired on or after<br>12/18/2021<br>\$1,624.00<br>No Cash Back               |  | Hired on or before<br>12/17/2021<br>\$1,000.00     | Hired on or after<br>12/18/2021<br>\$500.00                           |
| <b>PMA</b>                 | Hired on or before<br>12/17/2021<br>\$1,624.00               | Hired on or after<br>12/18/2021<br>\$1,624.00<br>No Cash Back               |  | Hired on or before<br>12/17/2021<br>\$1,000.00     | Hired on or after<br>12/18/2021<br>\$500.00                           |

\*Refer to [MOU](#) for scheduled cafeteria allowance changes.



## Monthly Insurance Premiums

| Basic   | 2024       |            |            | 2025       |            |            |
|---|------------|------------|------------|------------|------------|------------|
|   | Single     | 2-Party    | Family     | Single     | 2-Party    | Family     |
| <b>Basic Premium Rates – Region 2</b>   |            |            |            |            |            |            |
| <i>Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura</i> |            |            |            |            |            |            |
| Anthem Select HMO   | \$807.71   | \$1,615.42 | \$2,100.05 | \$919.00   | \$1,838.00 | \$2,389.40 |
| Anthem Traditional HMO  | \$1,034.38 | \$2,068.76 | \$2,689.39 | \$1,110.97 | \$2,221.94 | \$2,888.52 |
| Blue Shield Access+ HMO   | \$869.14   | \$1,738.28 | \$2,259.76 | \$948.53   | \$1,897.06 | \$2,466.18 |
| Blue Shield Trio HMO  | \$810.24   | \$1,620.48 | \$2,106.62 | \$909.10   | \$1,818.20 | \$2,363.66 |
| Health Net Salud y Más  | \$684.77   | \$1,369.54 | \$1,780.40 | \$823.49   | \$1,646.98 | \$2,141.07 |
| Kaiser Permanente HMO   | \$904.95   | \$1,809.90 | \$2,352.87 | \$944.34   | \$1,888.68 | \$2,455.28 |
| Sharp HMO (San Diego County)  | \$833.24   | \$1,666.48 | \$2,166.42 | \$868.45   | \$1,736.90 | \$2,257.97 |
| UnitedHealthcare Alliance HMO   | \$837.88   | \$1,675.76 | \$2,178.49 | \$890.66   | \$1,781.32 | \$2,315.72 |
| UnitedHealthcare Harmony HMO  | \$792.65   | \$1,585.30 | \$2,060.89 | \$819.64   | \$1,639.28 | \$2,131.06 |
| PERS Gold PPO   | \$799.44   | \$1,598.88 | \$2,078.54 | \$864.75   | \$1,729.50 | \$2,248.35 |
| PERS Platinum PPO   | \$1,151.50 | \$2,303.00 | \$2,993.90 | \$1,258.76 | \$2,517.52 | \$3,272.78 |
| PORAC PPO (Association Plan)  | \$926.00   | \$1,863.00 | \$2,371.00 | \$970.00   | \$1,951.00 | \$2,484.00 |
| <b>Basic Premium Rates – Region 3</b>   |            |            |            |            |            |            |
| <i>Los Angeles, San Bernardino, and Riverside</i>   |            |            |            |            |            |            |
| Anthem Select HMO   | \$841.13   | \$1,682.26 | \$2,186.94 | \$916.88   | \$1,833.76 | \$2,383.89 |
| Anthem Traditional HMO  | \$1,012.67 | \$2,025.34 | \$2,632.94 | \$1,065.46 | \$2,130.92 | \$2,770.20 |
| Blue Shield Access+ HMO   | \$756.65   | \$1,513.30 | \$1,967.29 | \$828.48   | \$1,656.96 | \$2,154.05 |
| Blue Shield Trio HMO  | \$704.69   | \$1,409.38 | \$1,832.19 | \$738.11   | \$1,476.22 | \$1,919.09 |
| Health Net Salud y Más  | \$630.13   | \$1,260.26 | \$1,638.34 | \$714.40   | \$1,428.80 | \$1,857.44 |
| Kaiser Permanente HMO   | \$865.41   | \$1,730.82 | \$2,250.07 | \$926.52   | \$1,853.04 | \$2,408.95 |
| UnitedHealthcare Alliance HMO   | \$826.44   | \$1,652.88 | \$2,148.74 | \$866.40   | \$1,732.80 | \$2,252.64 |
| UnitedHealthcare Harmony HMO  | \$734.76   | \$1,469.52 | \$1,910.38 | \$756.28   | \$1,512.56 | \$1,966.33 |
| PERS Gold PPO   | \$785.28   | \$1,570.56 | \$2,041.73 | \$868.15   | \$1,736.30 | \$2,257.19 |
| PERS Platinum PPO   | \$1,131.47 | \$2,262.94 | \$2,941.82 | \$1,263.73 | \$2,527.46 | \$3,285.70 |
| PORAC PPO (Association Plan)  | \$926.00   | \$1,863.00 | \$2,371.00 | \$970.00   | \$1,951.00 | \$2,484.00 |
| <b>Dental &amp; Vision – All Regions</b>  |            |            |            |            |            |            |
| Delta Dental HMO  | \$16.11    | \$30.59    | \$42.67    | \$16.11    | \$30.59    | \$42.67    |
| Delta Dental PPO  | \$55.25    | \$112.42   | \$154.58   | \$55.25    | \$112.42   | \$154.58   |
| VSP Vision PPO  | \$8.92     | \$17.83    | \$28.71    | \$8.92     | \$17.83    | \$28.71    |

Questions? Call 949-644-3294 or email [HRBenefit@newportbeachca.gov](mailto:HRBenefit@newportbeachca.gov)