



# KNOW YOUR BENEFITS

## 2025 Monthly Insurance Contributions - Full Time

	<b>Cafeteria Allowance*</b> <i>(Amount subject to Hire Date)</i>		<b>Medical Allowance</b> <i>(Must enroll in medical plan)</i>	<b>Opt-Out Allowance</b> <i>(Amount Subject to Hire Date)</i>	
<b>K&amp;M</b>	Hired on or before 4/12/2019 \$1,725.00	Hired on or after 4/13/2019 \$1,725.00 No Cash Back	\$158.00	Hired on or before 4/12/2019 \$1,000.00	Hired on or after 4/13/2019 \$500.00
<b>CEA &amp; PROF/TECH</b>	Hired on or before 3/15/2019 \$1,725.00	Hired on or after 3/16/2019 \$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
<b>FMA</b>	Hired on or before 6/21/2019 \$1,924.00	Hired on or after 6/22/2019 \$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
<b>FA</b>	Hired on or before 12/31/2021 \$1,924.00	Hired on or after 1/1/2022 \$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
<b>League</b>	Hired on or before 1/28/2022 \$1,725.00	Hired on or after 1/29/2022 \$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
<b>LMA</b>	Hired on or before 9/27/2019 \$1,745.00 PT \$739.78	Hired on or after 9/28/2019 \$1,745.00 PT \$739.78 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
<b>PA</b>	Hired on or before 12/17/2021 \$1,624.00	Hired on or after 12/18/2021 \$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
<b>PMA</b>	Hired on or before 12/17/2021 \$1,624.00	Hired on or after 12/18/2021 \$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

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

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



## 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

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