2027 Health Premiums and Employee/ Employer Contributions

Monthly City Contribution to Medical Plan	
Employee Only	$1,150
Employee + 1	$2,350
Employee + 2+	$3,050

Health Plan	Health Plan Monthly Cost	City Monthly Contribution	Employee Monthly Cost	Employee Bi-Weekly Cost
ANTHEM BLUE CROSS SELECT HMO – Employee Only	$1,486.44	$1,150.00	$336.44	$168.22
ANTHEM BLUE CROSS SELECT HMO – Employee + 1	$2,972.88	$2,350.00	$622.88	$311.44
ANTHEM BLUE CROSS SELECT HMO – Employee + 2+	$3,864.74	$3,050.00	$814.74	$407.37
ANTHEM BLUE CROSS TRADITIONAL HMO – Employee Only	$1,732.52	$1,150.00	$582.52	$291.26
ANTHEM BLUE CROSS TRADITIONAL HMO – Employee + 1	$3,465.04	$2,350.00	$1,115.04	$557.52
ANTHEM BLUE CROSS TRADITIONAL HMO – Employee + 2+	$4,504.55	$3,050.00	$1,454.55	$727.28
BLUE SHIELD ACCESS+ HMO – Employee Only	$1,479.12	$1,150.00	$329.12	$164.56
BLUE SHIELD ACCESS+ HMO – Employee + 1	$2,958.24	$2,350.00	$608.24	$304.12
BLUE SHIELD ACCESS+ HMO – Employee + 2+	$3,845.71	$3,050.00	$795.71	$397.86
BLUE SHIELD TRIO HMO – Employee Only	$1,202.57	$1,150.00	$52.57	$26.29
BLUE SHIELD TRIO HMO – Employee + 1	$2,405.14	$2,350.00	$55.14	$27.57
BLUE SHIELD TRIO HMO – Employee + 2+	$3,126.68	$3,050.00	$76.68	$38.34
KAISER PERMANENTE – Employee Only	$1,187.63	$1,150.00	$37.63	$18.82
KAISER PERMANENTE – Employee + 1	$2,375.26	$2,350.00	$25.26	$12.63
KAISER PERMANENTE – Employee + 2+	$3,087.84	$3,050.00	$37.84	$18.92
SUTTER HEALTH PLAN HMO - Employee Only	$1,130.67	$1,150.00	$0.00	$0.00
SUTTER HEALTH PLAN HMO - Employee + 1	$2,261.34	$2,350.00	$0.00	$0.00
SUTTER HEALTH PLAN HMO - Employee + 2+	$2,939.74	$3,050.00	$0.00	$0.00
WESTERN HEALTH ADVANTAGE HMO – Employee Only	$1,030.80	$1,150.00	$0.00	$0.00
WESTERN HEALTH ADVANTAGE HMO – Employee + 1	$2,061.60	$2,350.00	$0.00	$0.00
WESTERN HEALTH ADVANTAGE HMO – Employee + 2+	$2,680.08	$3,050.00	$0.00	$0.00
PERS GOLD PPO – Employee Only	$1,215.17	$1,150.00	$65.17	$32.59
PERS GOLD PPO – Employee + 1	$2,430.34	$2,350.00	$80.34	$40.17
PERS GOLD PPO – Employee + 2+	$3,159.44	$3,050.00	$109.44	$54.72
PERS PLATINUM PPO – Employee Only	$1,778.62	$1,150.00	$628.62	$314.31
PERS PLATINUM PPO – Employee + 1	$3,557.24	$2,350.00	$1,207.24	$603.62
PERS PLATINUM PPO – Employee + 2+	$4,624.41	$3,050.00	$1,574.41	$787.21
PORAC PPO – Employee Only	$1,095.00	$1,150.00	$0.00	$0.00
PORAC PPO – Employee + 1	$2,395.00	$2,350.00	$45.00	$22.50
PORAC PPO – Employee + 2+	$3,115.00	$3,050.00	$65.00	$32.50

Some health plans are available only in certain counties and/or zip codes. Go to www.calpers.ca.gov and use the Health Plan Search by Zip Code feature to verifiy if you can elect a particular plan.