



# 2025

## MONTHLY MEDICAL PREMIUMS & CONTRIBUTIONS

Premiums - Region 3  
Los Angeles, Riverside and San Bernardino

Plans	Type	Employee Only	Employee + 1	Family
Anthem Blue Cross Select	HMO	\$916.88	\$1,833.76	\$2,383.89
Anthem Blue Cross Traditional	HMO	\$1,065.46	\$2,130.92	\$2,770.20
Blue Shield Access +	HMO	\$828.48	\$1,656.96	\$2,154.05
Blue Shield Trio	HMO	\$738.11	\$1,476.22	\$1,919.09
Health Net Salud y Mas	HMO	\$714.40	\$1,428.80	\$1,857.44
Kaiser Permanente	HMO	\$926.52	\$1,853.04	\$2,408.95
PERS Gold	PPO	\$868.15	\$1,736.30	\$2,257.19
PERS Plantinum	PPO	\$1,263.73	\$2,527.46	\$3,285.70
UnitedHealthcare Alliance	HMO	\$866.40	\$1,732.80	\$2,252.64
UnitedHealthcare Harmony	HMO	\$756.28	\$1,512.56	\$1,966.33
PORAC (Sworn Safety Only)	PPO	\$970	\$1,951	\$2,484

Coverage Level	Employee Only	Employee + 1	Family
	\$800	\$1,600	\$2,100