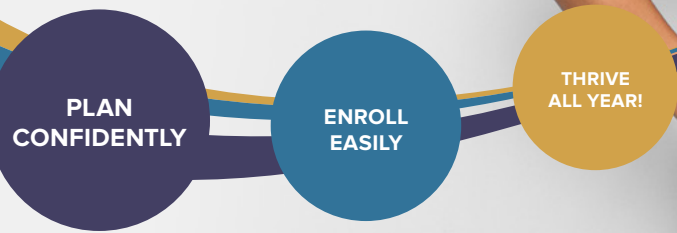


# 2026 Annual Benefits Enrollment For Active Regular Employees:

**September 15–October 10, 2025**

**Includes:** medical, dental, vision, Flexible Spending Accounts (Health Care and Dependent Care) and additional life insurance.



Scan this QR Code to check out our enrollment website for information about your 2026 benefit options at <https://rc-hr.com/OE26>.



## YOUR ENROLLMENT OPPORTUNITY IS HERE!

**Annual Enrollment for County employees starts on September 15.** Take advantage of this once-a-year opportunity to confirm your benefit coverage continues to meet your needs. The deadline to enroll or make changes is **midnight on October 10**.

You'll find information about the County's plans, rates for the new year, and how to enroll online by visiting <https://rc-hr.com/OE26>.

## WHAT YOU NEED TO KNOW

- CVS Caremark (CVS) will replace OptumRx as the pharmacy benefits manager for most CalPERS health plans. The following plans will NOT be affected by this change:
  - Blue Shield Access+ HMO
  - Blue Shield Trio HMO
  - Kaiser Permanente
  - PORACIf you are enrolled in a CalPERS health plan other than those listed above or plan to enroll in one, please contact CVS directly at **(833) 291-3649** for any pharmacy-related questions or concerns.
- Employees and their spouse or registered domestic partner can enroll in a CalPERS medical plan separately if they both work, or worked, for agencies in the CalPERS health program. If you choose to enroll separately, **one parent must carry all dependents on one health plan. Dependents cannot be split between parents.** For example, if an employee with children marries another CalPERS member with children and each member has their own enrollment in CalPERS medical, then all children must be enrolled under one parent. If split enrollments are discovered, they will be retroactively corrected.
- During Annual Enrollment, you can increase employee and/or spouse/domestic partner additional life insurance by one or two increments without having to provide Evidence of Insurability (EOI). See page 5 for more information.



## Enrollment Sessions

We will hold Annual Enrollment information sessions virtually this year. Please visit <https://rc-hr.com/OE26> for the meeting schedule and to sign up for a session, view health plan summaries and access additional tools and resources to make your 2026 plan year elections.

## IMPORTANT REMINDERS

### WHAT YOU NEED TO DO DURING ANNUAL ENROLLMENT

Now is your opportunity to:

- Change your medical, dental and/or vision elections;
- Add/remove dependents;
- Enroll or continue enrollment in a Flexible Spending Account (FSA) for the 2026 plan year;
- Review and increase your Life Insurance coverage by visiting The Standard’s online portal at <https://standard.benselect.com/COR>. Don’t forget to review and update your beneficiaries!
- Enroll or continue enrollment in the County’s Medical Waiver Program, which allows you to decline County-sponsored medical coverage and receive a taxable cash contribution in lieu of flexible benefit credits. To be eligible for the Medical Waiver Program, you must be covered by a Memorandum of Understanding or Resolution that makes you eligible for the waiver.

Employees in the RSA Public Safety and Law Enforcement Management (LEMU) Units are not eligible for the Medical Waiver option. Employees covered by the Deputy District Attorney’s Association (DDAA) who were hired on or after November 4, 2010 are not eligible for the Medical Waiver 2 option. Please review page 6 for additional information.

**After Annual Enrollment ends, you can only make changes to your elections if they are due to and consistent with a qualified change of status, as defined by the IRS.**

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#### IMPORTANT REMINDERS AND ACTIONS REQUIRED

Reminder	Action
<b>CVS Caremark (CVS) will replace OptumRx as the new pharmacy benefits manager for the majority of CalPERS health plans.</b>	Employees enrolled in affected health plans will receive a welcome kit from CVS in early December 2025 with their new pharmacy ID card. If you are affected by this change, it’s important that you give your pharmacy your new insurance information by providing them your new ID card.
<b>Flexible Spending Accounts (FSAs) require enrollment to participate.</b>	If you want to contribute to a Health Care FSA and/or Dependent Care FSA: <ul style="list-style-type: none"> <li>• You <b>MUST</b> enroll and designate your annual contribution during Annual Enrollment each year</li> <li>• FSA elections do <b>NOT</b> carry over year to year</li> </ul>
<b>Medical Waiver Program/Waiving Coverage: Action required!</b>	To participate in the County’s Medical Waiver option and receive a taxable cash contribution in lieu of flexible benefit credits, you <b>must</b> go online and complete your election during Annual Enrollment.  You are required to elect “Medical Waiver” (MEDWAV) or “Waive” (Decline Coverage) <b>every</b> plan year when you enroll online. This election does not carry over from year to year.
<b>Life Insurance</b>	Access The Standard’s online portal at <a href="https://standard.benselect.com/COR">https://standard.benselect.com/COR</a> to review, confirm that beneficiaries are up to date and increase coverage.

## HOW TO ENROLL

To enroll or make changes during Annual Enrollment:

- **Access** the online enrollment system from a County computer or any computer with Web/Internet access at <https://rc-hr.com/OE26> and click “PeopleSoft.”
- **Log in** using your six-digit employee ID and password. This is the same ID and password you use to access your payroll information online.
- **Complete** the enrollment process to make plan changes, add/remove dependents and waive coverage (including providing proof of other group insurance coverage). **Be sure to click “submit” until you receive a confirmation notice that your elections have been sent to HR.** If you do not want to make changes to your health benefits, you do not need to do anything now; your current elections will continue for 2026. However, if you participate in the Health Care and/or Dependent Care FSA, you must enroll and elect FSA coverage each year.
- **Provide dependent documentation.** If you are enrolling a spouse, domestic partner or other dependent for the first time, you will need to provide supporting documentation no later than October 10, 2025. You will also be required to provide a Social Security or Tax Identification number for each eligible dependent you enroll in a County-sponsored health plan. Your online enrollment for the dependent will not be processed without the supporting documentation. Submit supporting documentation via email to [BeneAudit@rivco.org](mailto:BeneAudit@rivco.org).

## IMPORTANT INFORMATION ABOUT PRIMARY CARE PROVIDERS:

If you don’t designate a primary care dentist when you elect the DeltaCare USA plan, one will be auto-assigned to you. If you wish to change your provider, you’ll need to contact the carrier directly and request a new ID card.

If you’re considering a CalPERS health plan, please call the prospective health carrier directly to confirm your primary care physician (PCP) is part of the CalPERS plan network. You’ll find CalPERS carrier contact information on page 14 of this guide. You’ll receive a letter from CalPERS in late November 2025 confirming your medical enrollment for 2026. That’s when you can call your health carrier to have a PCP assigned for 2026.

### IMPORTANT

The Dependent Care FSA is for child care expenses that allow you to work. It is NOT for health care expenses for your dependents. Elect the Health Care FSA for all your family’s health care expenses.



## FLEXIBLE SPENDING ACCOUNTS

### FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) help you save money by setting aside pretax dollars to pay for certain health care or dependent care expenses. The County offers a Health Care FSA and a Dependent Care (Day Care) FSA. Each year, you have the option of enrolling in one or both of these accounts. To participate, you must be a regular County employee scheduled to work at least 20 hours per week.

Your contributions are deducted in 24 equal amounts from your pay warrants. You may contribute from \$240 to \$3,300 per year for the Health Care FSA. You may contribute from \$240 to \$5,000 per year for the Dependent Care (Day Care) FSA if your tax filing status is “married filing jointly” or “head of household.” If you are married and file separate tax returns, you may contribute up to \$2,500.

Dependent Care (Day Care) FSAs are subject to non-discrimination testing each year to ensure the plan does not provide a disproportionate benefit to highly compensated employees. The test compares the dependent care contributions of highly compensated employees with the dependent care contributions of all other employees. Depending on the outcome, contributions for some employees may need to be limited, reduced or returned. You will be notified if this affects you.

#### IMPORTANT

The County has not adopted the increase to the Dependent Care Flexible Spending Account (DCFSA) limit allowed under recent federal legislation (commonly known as the One Big Beautiful Bill Act). We will review this option each year and let employees know if there are any changes.



## CONSIDER YOUR ADDITIONAL LIFE INSURANCE OPTIONS

While the County provides basic life insurance coverage at no cost, you may purchase group additional life insurance through The Standard insurance company for yourself, your spouse/domestic partner and your eligible dependents. Deductions for additional life insurance coverage are taken on an after-tax basis.

## REVIEW YOUR BENEFICIARY INFORMATION

Annual Enrollment is a great time to visit The Standard’s online portal and ensure your beneficiary information is accurate and up to date.

## WHEN IS EVIDENCE OF INSURABILITY REQUIRED?

The chart below shows the coverage amounts you may elect without providing proof of good health or Evidence of Insurability (EOI).

ENROLLING DURING ANNUAL ENROLLMENT (you do not currently have coverage and you are beyond the initial eligibility period)		
Employee Additional Life	Spouse/Domestic Partner Additional Life	Dependent Child Additional Life
EOI required	EOI required	No EOI required, once Employee Additional Life is approved

INCREASING COVERAGE DURING ANNUAL ENROLLMENT (you currently have coverage and you are requesting additional coverage)		
Employee Additional Life	Spouse/Domestic Partner Additional Life	Dependent Child Additional Life
You may increase your coverage by one increment (\$10,000) or two increments (\$20,000) without EOI if currently enrolled for less than \$600,000  <i>(Note for LIUNA and SEIU employees: The maximum coverage is seven times annual salary.)</i>	You may increase your spouse’s/domestic partner’s coverage by one increment (\$5,000) or two increments (\$10,000) without EOI if currently enrolled for less than \$100,000	No EOI required

## THE STANDARD’S ONLINE PORTAL

To add or change your additional life insurance coverage or update your beneficiary information, visit <https://standard.benselect.com/COR>. The Group Number for Evidence of Insurability (EOI) is 641685.

### Logging in during the annual enrollment period?

For Annual Enrollment, your username and PIN have been reset to the default:

1. Username is your six-digit employee ID (with no “E” at the beginning)
2. PIN is the last four digits of your Social Security number and the last two digits of your birth year

### What you should do

1. Log in to The Standard’s online portal and review your basic life insurance benefits and additional life coverage elections, if applicable. This is a great time to apply for additional coverage for yourself and your eligible dependents. Coverage you elect during this annual enrollment period will be effective January 1, 2026 or upon underwriting approval.
2. The Standard will maintain employee life insurance elections and all beneficiary designations. You are required to enter beneficiary designations if you have not already done so. You will have access to your information 24/7 to maintain your enrollment and beneficiary information. Beneficiary designations you make in The Standard’s online portal are effective immediately.

## MEDICAL WAIVER PROGRAM

### WAIVING COUNTY MEDICAL COVERAGE

If you are eligible for the County's Medical Waiver option, you can waive County-sponsored medical coverage and receive a taxable cash benefit in lieu of flexible benefit credits. In order to qualify for the Medical Waiver option, you must meet and do ALL of the following:

1. Meet the criteria, based on your last hire date, described in the most recent Memorandum of Understanding or Ordinance that governs your current bargaining unit or employee group.
2. Elect the "Medical Waiver" (MEDWAV/MEDWAV2) option when completing your online enrollment. This is an important step. **DO NOT select the option labeled "Waive," or you will lose your flexible benefit credits.** The "Waive" option means you are declining coverage and participation in the Cafeteria Plan and waiving flexible benefit credits.
3. You **MUST RE-ENROLL** in the Medical Waiver Program or Waive (Decline Coverage) every year. In order for the County to meet the Affordable Care Act (ACA) guidelines, you will need to complete your online enrollment.
4. Provide proof that you are covered by other **group** medical coverage (for example, your spouse's medical plan).  
**Note: Coverage under the Covered California™ exchange is not group coverage and therefore does not meet the requirement for the Medical Waiver option.**
5. For auditing purposes, you may be asked to complete a "Decline Coverage Acknowledgment Form" acknowledging that the County has offered affordable coverage under ACA, but that you have declined coverage. Please do not submit this form until you receive a request from HR.

Rules and requirements for Medical Waiver eligibility are discussed in the full enrollment guide. **If you elect to Waive (decline) medical coverage, you will not receive flexible benefit credits.** You must write your employee ID number on each piece of documentation before submitting to ensure that we are able to match the document to your record.

### PAYING FOR COVERAGE

**Flexible Benefit Credits.** To help you with the cost of benefits, the County of Riverside provides flexible benefit credits. You may also qualify for a premium subsidy if you are in an eligible bargaining unit and elect to enroll one or more dependents. The flexible benefit credits you receive and your eligibility for a premium subsidy are determined by the applicable Memorandum of Understanding or Ordinance that governs your bargaining unit or employee group. Review the following tables to determine the premiums you will pay, starting with pay period 25/2025 (paid to you on the December 10, 2025 pay warrant, for January 2026 premiums).



2026 MEDICAL WAIVER PROGRAM*		
Employee/Bargaining Unit	Monthly Taxable Cash Credit	Semimonthly Taxable Cash Credit
	Not Enrolled in County Health Plan (MEDWAV)**	
Employees Covered by the LIUNA MOU — Last date of hire before 11/13/2003	\$425.40	\$212.70
Employees Covered by the LIUNA MOU — Last date of hire on or after 11/13/2003	\$200.00	\$100.00
Employees in the Resident Physician & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications	\$312.50	\$156.25
Employees Covered by the Management Resolution — Last date of hire before 11/13/2003	\$534.00	\$267.00
Employees Covered by the Management Resolution — Last date of hire on or after 11/13/2003	\$200.00	\$100.00
Employees Covered by the DDAA MOU — Last date of hire before 11/14/2010	\$575.40	\$287.70
LEMU	\$0.00	\$0.00
RSA Public Safety	\$0.00	\$0.00
Employees Covered by the SEIU MOU — Last date of hire before 11/11/2004	\$465.00	\$232.50
Employees Covered by the SEIU MOU — Last date of hire on or after 11/11/2004	\$200.00	\$100.00

\*Flexible benefit credits listed in the above chart are for Regular employees working full-time hours.

\*\*If you are enrolling in the medical waiver program, you must complete a Decline Coverage Acknowledgment Form and provide proof that you are enrolled in other group coverage, such as your spouse's employer plan. This information will be requested after enrollment closes.

## HEALTH CARE PREMIUMS FOR 2026

Premiums are deducted semimonthly (twice a month), which means deductions are taken from your paycheck during 24 pay periods each calendar year. When you receive a third check in a month (the “free” pay period), it will not include a flexible benefit credit or a deduction for your health plans, unless you owe for uncollected premiums.

In an effort to simplify rate calculation for employees, we have created medical premium charts that show flexible benefit credits and subsidies for each health plan. These new rate sheets have columns to display the monthly and semi-monthly employee out-of-pocket cost. When reviewing these charts, it is crucial to use the chart applicable to your bargaining unit or employee group. Most employees will use the medical premium chart on page 8. Rates are subject to change.\*

When calculating your net out-of-pocket cost for health care coverage, remember to add the cost of your dental and vision premiums to the cost shown on the medical chart that applies to you. For most bargaining units or employee groups, any unused flexible benefit credits or premium subsidies will be forfeited.

\*Medical premium rate sheets were calculated based on the current applicable Memorandum of Understanding or Ordinance for each employee group when this guide was printed. Any recent negotiation changes are not reflected.

Your health plan eligibility and cost are based on where you live. You can select a plan based on your work address. But you should be aware that if you choose a plan near your work address, you are also choosing to use providers for yourself and enrolled dependents near where you work. This may limit your access to providers who are near where you live.

You can also log in to your myCalPERS account and use the Search Health Plans tool to research the health plan coverage and benefits most important to you and your family. Some health plans are available only in certain counties and/or zip codes. Use the **CalPERS Health Plan Search by ZIP Code** to find CalPERS health plans available in your area.

## MEDICAL PLAN ELIGIBILITY

Regular County employees scheduled to work at least 20 hours per week are eligible for the CalPERS Medical Plans.

## 2026 PLAN COSTS BY EMPLOYEE GROUP

2026 PLAN COSTS FOR EMPLOYEES COVERED BY THE SEIU MOU, MANAGEMENT RESOLUTION, AND RESIDENT PHYSICIANS & SURGEON, PHARMACY RESIDENT AND PHYSICIAN ASSISTANT FELLOWSHIP CLASSIFICATIONS**†						
	Region 3 (Los Angeles, Riverside and San Bernardino counties)			Region 2 <sup>†</sup> (Orange and San Diego counties)		
	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Employee Out-of-pocket Cost***	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Employee Out-of-pocket Cost***
<b>Anthem Select HMO</b>						
Emp. only	\$481.34	\$463.26	<b>\$18.08</b>	\$508.16	\$463.26	<b>\$44.90</b>
Emp. + 1	\$962.68	\$805.50	<b>\$157.18</b>	\$1,016.32	\$805.50	<b>\$210.82</b>
Emp. + 2 or more	\$1,251.49	\$1,043.50	<b>\$207.99</b>	\$1,321.22	\$1,043.50	<b>\$277.72</b>
<b>Anthem Traditional HMO</b>						
Emp. only	\$564.27	\$463.26	<b>\$101.01</b>	\$579.13	\$463.26	<b>\$115.87</b>
Emp. + 1	\$1,128.53	\$805.50	<b>\$323.03</b>	\$1,158.26	\$805.50	<b>\$352.76</b>
Emp. + 2 or more	\$1,467.09	\$1,043.50	<b>\$423.59</b>	\$1,505.74	\$1,043.50	<b>\$462.24</b>
<b>Blue Shield Access+ HMO</b>						
Emp. only	\$458.96	\$463.26	<b>(\$4.30)</b>	\$526.45	\$463.26	<b>\$63.19</b>
Emp. + 1	\$917.91	\$805.50	<b>\$112.41</b>	\$1,052.89	\$805.50	<b>\$247.39</b>
Emp. + 2 or more	\$1,193.29	\$1,043.50	<b>\$149.79</b>	\$1,368.76	\$1,043.50	<b>\$325.26</b>
<b>Blue Shield Trio HMO</b>						
Emp. only	\$426.28	\$463.26	<b>(\$36.98)</b>	\$468.29	\$463.26	<b>\$5.03</b>
Emp. + 1	\$852.56	\$805.50	<b>\$47.06</b>	\$936.58	\$805.50	<b>\$131.08</b>
Emp. + 2 or more	\$1,108.33	\$1,043.50	<b>\$64.83</b>	\$1,217.56	\$1,043.50	<b>\$174.06</b>
<b>Health Net Salud y Mas HMO</b>						
Emp. only	\$370.06	\$463.26	<b>(\$93.20)</b>	\$439.79	\$463.26	<b>(\$23.47)</b>
Emp. + 1	\$740.11	\$805.50	<b>(\$65.39)</b>	\$879.57	\$805.50	<b>\$74.07</b>
Emp. + 2 or more	\$962.15	\$1,043.50	<b>(\$81.35)</b>	\$1,143.44	\$1,043.50	<b>\$99.94</b>
<b>Kaiser Permanente HMO</b>						
Emp. only	\$484.53	\$463.26	<b>\$21.27</b>	\$493.85	\$463.26	<b>\$30.59</b>
Emp. + 1	\$969.05	\$805.50	<b>\$163.55</b>	\$987.69	\$805.50	<b>\$182.19</b>
Emp. + 2 or more	\$1,259.77	\$1,043.50	<b>\$216.27</b>	\$1,284.00	\$1,043.50	<b>\$240.50</b>
<b>PERS Gold PPO</b>						
Emp. only	\$480.02	\$463.26	<b>\$16.76</b>	\$478.14	\$463.26	<b>\$14.88</b>
Emp. + 1	\$960.03	\$805.50	<b>\$154.53</b>	\$956.28	\$805.50	<b>\$150.78</b>
Emp. + 2 or more	\$1,248.04	\$1,043.50	<b>\$204.54</b>	\$1,243.17	\$1,043.50	<b>\$199.67</b>
<b>PERS Platinum PPO</b>						
Emp. only	\$715.91	\$463.26	<b>\$252.65</b>	\$713.12	\$463.26	<b>\$249.86</b>
Emp. + 1	\$1,431.81	\$805.50	<b>\$626.31</b>	\$1,426.24	\$805.50	<b>\$620.74</b>
Emp. + 2 or more	\$1,861.36	\$1,043.50	<b>\$817.86</b>	\$1,854.11	\$1,043.50	<b>\$810.61</b>
<b>PORAC PPO****</b>						
Emp. only	\$528.50	\$463.26	<b>\$65.24</b>	\$528.50	\$463.26	<b>\$65.24</b>
Emp. + 1	\$1,063.50	\$805.50	<b>\$258.00</b>	\$1,063.50	\$805.50	<b>\$258.00</b>
Emp. + 2 or more	\$1,354.00	\$1,043.50	<b>\$310.50</b>	\$1,354.00	\$1,043.50	<b>\$310.50</b>
<b>Sharp HMO</b>						
Emp. only		Not Available		\$458.10	\$463.26	<b>(\$5.16)</b>
Emp. + 1		Not Available		\$916.20	\$805.50	<b>\$110.70</b>
Emp. + 2 or more		Not Available		\$1,191.06	\$1,043.50	<b>\$147.56</b>
<b>UnitedHealthcare Alliance HMO</b>						
Emp. only	\$435.38	\$463.26	<b>(\$27.88)</b>	\$475.50	\$463.26	<b>\$12.24</b>
Emp. + 1	\$870.76	\$805.50	<b>\$65.26</b>	\$950.99	\$805.50	<b>\$145.49</b>
Emp. + 2 or more	\$1,131.99	\$1,043.50	<b>\$88.49</b>	\$1,236.29	\$1,043.50	<b>\$192.79</b>
<b>UnitedHealthcare Harmony HMO</b>						
Emp. only	\$382.76	\$463.26	<b>(\$80.50)</b>	\$428.57	\$463.26	<b>(\$34.69)</b>
Emp. + 1	\$765.51	\$805.50	<b>(\$39.99)</b>	\$857.14	\$805.50	<b>\$51.64</b>
Emp. + 2 or more	\$995.17	\$1,043.50	<b>(\$48.33)</b>	\$1,114.28	\$1,043.50	<b>\$70.78</b>

Remaining flexible benefit credits after medical elections will be applied to dental and vision elections; any unused credits will be forfeited; rates are subject to change based on current negotiations and board approval.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours.

\*\*\*Premiums are taken from your paycheck twice a month, unless you owe back premiums (arrears). The amount shown here is your net cost per paycheck for your medical plan and coverage level, after County contributions. It will not match the deduction on your pay stub.

\*\*\*\*PORAC members only.

†Subject to change, based on current negotiations and board approval.

## 2026 PLAN COSTS FOR LIUNA

2026 PLAN COSTS FOR EMPLOYEES COVERED BY THE LIUNA MOU *†						
	Region 3 (Los Angeles, Riverside and San Bernardino counties)			Region 2 (Orange and San Diego counties)		
	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Employee Out-of-pocket Cost***	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Employee Out-of-pocket Cost***
<b>Anthem Select HMO</b>						
Emp. only	\$481.34	\$463.26	<b>\$18.08</b>	\$508.16	\$463.26	<b>\$44.90</b>
Emp. + 1	\$962.68	\$793.00	<b>\$169.68</b>	\$1,016.32	\$793.00	<b>\$223.32</b>
Emp. + 2 or more	\$1,251.49	\$1,043.50	<b>\$207.99</b>	\$1,321.22	\$1,043.50	<b>\$277.72</b>
<b>Anthem Traditional HMO</b>						
Emp. only	\$564.27	\$463.26	<b>\$101.01</b>	\$579.13	\$463.26	<b>\$115.87</b>
Emp. + 1	\$1,128.53	\$793.00	<b>\$335.53</b>	\$1,158.26	\$793.00	<b>\$365.26</b>
Emp. + 2 or more	\$1,467.09	\$1,043.50	<b>\$423.59</b>	\$1,505.74	\$1,043.50	<b>\$462.24</b>
<b>Blue Shield Access+ HMO</b>						
Emp. only	\$458.96	\$463.26	<b>(\$4.30)</b>	\$526.45	\$463.26	<b>\$63.19</b>
Emp. + 1	\$917.91	\$793.00	<b>\$124.91</b>	\$1,052.89	\$793.00	<b>\$259.89</b>
Emp. + 2 or more	\$1,193.29	\$1,043.50	<b>\$149.79</b>	\$1,368.76	\$1,043.50	<b>\$325.26</b>
<b>Blue Shield Trio HMO</b>						
Emp. only	\$426.28	\$463.26	<b>(\$36.98)</b>	\$468.29	\$463.26	<b>\$5.03</b>
Emp. + 1	\$852.56	\$793.00	<b>\$59.56</b>	\$936.58	\$793.00	<b>\$143.58</b>
Emp. + 2 or more	\$1,108.33	\$1,043.50	<b>\$64.83</b>	\$1,217.56	\$1,043.50	<b>\$174.06</b>
<b>Health Net Salud y Mas HMO</b>						
Emp. only	\$370.06	\$463.26	<b>(\$93.20)</b>	\$439.79	\$463.26	<b>(\$23.47)</b>
Emp. + 1	\$740.11	\$793.00	<b>(\$52.89)</b>	\$879.57	\$793.00	<b>\$86.57</b>
Emp. + 2 or more	\$962.15	\$1,043.50	<b>(\$81.35)</b>	\$1,143.44	\$1,043.50	<b>\$99.94</b>
<b>Kaiser Permanente HMO</b>						
Emp. only	\$484.53	\$463.26	<b>\$21.27</b>	\$493.85	\$463.26	<b>\$30.59</b>
Emp. + 1	\$969.05	\$793.00	<b>\$176.05</b>	\$987.69	\$793.00	<b>\$194.69</b>
Emp. + 2 or more	\$1,259.77	\$1,043.50	<b>\$216.27</b>	\$1,284.00	\$1,043.50	<b>\$240.50</b>
<b>PERS Gold PPO</b>						
Emp. only	\$480.02	\$463.26	<b>\$16.76</b>	\$478.14	\$463.26	<b>\$14.88</b>
Emp. + 1	\$960.03	\$793.00	<b>\$167.03</b>	\$956.28	\$793.00	<b>\$163.28</b>
Emp. + 2 or more	\$1,248.04	\$1,043.50	<b>\$204.54</b>	\$1,243.17	\$1,043.50	<b>\$199.67</b>
<b>PERS Platinum PPO</b>						
Emp. only	\$715.91	\$463.26	<b>\$252.65</b>	\$713.12	\$463.26	<b>\$249.86</b>
Emp. + 1	\$1,431.81	\$793.00	<b>\$638.81</b>	\$1,426.24	\$793.00	<b>\$633.24</b>
Emp. + 2 or more	\$1,861.36	\$1,043.50	<b>\$817.86</b>	\$1,854.11	\$1,043.50	<b>\$810.61</b>
<b>PORAC PPO****</b>						
Emp. only	\$528.50	\$463.26	<b>\$65.24</b>	\$528.50	\$463.26	<b>\$65.24</b>
Emp. + 1	\$1,063.50	\$793.00	<b>\$270.50</b>	\$1,063.50	\$793.00	<b>\$270.50</b>
Emp. + 2 or more	\$1,354.00	\$1,043.50	<b>\$310.50</b>	\$1,354.00	\$1,043.50	<b>\$310.50</b>
<b>Sharp HMO</b>						
Emp. only		Not Available		\$458.10	\$463.26	<b>(\$5.16)</b>
Emp. + 1		Not Available		\$916.20	\$793.00	<b>\$123.20</b>
Emp. + 2 or more		Not Available		\$1,191.06	\$1,043.50	<b>\$147.56</b>
<b>UnitedHealthcare Alliance HMO</b>						
Emp. only	\$435.38	\$463.26	<b>(\$27.88)</b>	\$475.50	\$463.26	<b>\$12.24</b>
Emp. + 1	\$870.76	\$793.00	<b>\$77.76</b>	\$950.99	\$793.00	<b>\$157.99</b>
Emp. + 2 or more	\$1,131.99	\$1,043.50	<b>\$88.49</b>	\$1,236.29	\$1,043.50	<b>\$192.79</b>
<b>UnitedHealthcare Harmony HMO</b>						
Emp. only	\$382.76	\$463.26	<b>(\$80.50)</b>	\$428.57	\$463.26	<b>(\$34.69)</b>
Emp. + 1	\$765.51	\$793.00	<b>(\$27.49)</b>	\$857.14	\$793.00	<b>\$64.14</b>
Emp. + 2 or more	\$995.17	\$1,043.50	<b>(\$48.33)</b>	\$1,114.28	\$1,043.50	<b>\$70.78</b>

Remaining flexible benefit credits after medical elections will be applied to dental and vision elections; any unused credits will be forfeited; rates are subject to change based on current negotiations and board approval.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours.

\*\*\*Premiums are taken from your paycheck twice a month, unless you owe back premiums (arrears). The amount shown here is your net cost per paycheck for your medical plan and coverage level, after County contributions. It will not match the deduction on your pay stub.

\*\*\*\*PORAC members only.

†Subject to change, based on current negotiations and board approval.

## 2026 PLAN COSTS FOR RSA PUBLIC SAFETY

2026 PLAN COSTS FOR EMPLOYEES COVERED BY RSA PUBLIC SAFETY*								
	Region 3 (Los Angeles, Riverside and San Bernardino counties)				Region 2 (Orange and San Diego counties)			
	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Premium Subsidy	Semimonthly Employee Out-of-pocket Cost***	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Premium Subsidy	Semimonthly Employee Out-of-pocket Cost***
<b>Anthem Select HMO</b>								
Emp. only	\$481.34	\$470.00	NA	<b>\$11.34</b>	\$508.16	\$470.00	NA	<b>\$38.16</b>
Emp. + 1	\$962.68	\$470.00	\$285.50	<b>\$207.18</b>	\$1,016.32	\$470.00	\$285.50	<b>\$260.82</b>
Emp. + 2 or more	\$1,251.49	\$470.00	\$285.50	<b>\$495.99</b>	\$1,321.22	\$470.00	\$285.50	<b>\$565.72</b>
<b>Anthem Traditional HMO</b>								
Emp. only	\$564.27	\$470.00	NA	<b>\$94.27</b>	\$579.13	\$470.00	NA	<b>\$109.13</b>
Emp. + 1	\$1,128.53	\$470.00	\$285.50	<b>\$373.03</b>	\$1,158.26	\$470.00	\$285.50	<b>\$402.76</b>
Emp. + 2 or more	\$1,467.09	\$470.00	\$285.50	<b>\$711.59</b>	\$1,505.74	\$470.00	\$285.50	<b>\$750.23</b>
<b>Blue Shield Access+ HMO</b>								
Emp. only	\$458.96	\$470.00	NA	<b>(\$11.04)</b>	\$526.45	\$470.00	NA	<b>\$56.45</b>
Emp. + 1	\$917.91	\$470.00	\$285.50	<b>\$162.41</b>	\$1,052.89	\$470.00	\$285.50	<b>\$297.39</b>
Emp. + 2 or more	\$1,193.29	\$470.00	\$285.50	<b>\$437.79</b>	\$1,368.76	\$470.00	\$285.50	<b>\$613.26</b>
<b>Blue Shield Trio HMO</b>								
Emp. only	\$426.28	\$470.00	NA	<b>(\$43.72)</b>	\$468.29	\$470.00	NA	<b>(\$1.71)</b>
Emp. + 1	\$852.56	\$470.00	\$285.50	<b>\$97.06</b>	\$936.58	\$470.00	\$285.50	<b>\$181.08</b>
Emp. + 2 or more	\$1,108.33	\$470.00	\$285.50	<b>\$352.83</b>	\$1,217.56	\$470.00	\$285.50	<b>\$462.06</b>
<b>Health Net Salud y Mas HMO</b>								
Emp. only	\$370.06	\$470.00	NA	<b>(\$99.94)</b>	\$439.79	\$470.00	NA	<b>(\$30.21)</b>
Emp. + 1	\$740.11	\$470.00	\$285.50	<b>(\$15.39)</b>	\$879.57	\$470.00	\$285.50	<b>\$124.07</b>
Emp. + 2 or more	\$962.15	\$470.00	\$285.50	<b>\$206.65</b>	\$1,143.44	\$470.00	\$285.50	<b>\$387.94</b>
<b>Kaiser Permanente HMO</b>								
Emp. only	\$484.53	\$470.00	NA	<b>\$14.53</b>	\$493.85	\$470.00	NA	<b>\$23.85</b>
Emp. + 1	\$969.05	\$470.00	\$285.50	<b>\$213.55</b>	\$987.69	\$470.00	\$285.50	<b>\$232.19</b>
Emp. + 2 or more	\$1,259.77	\$470.00	\$285.50	<b>\$504.27</b>	\$1,284.00	\$470.00	\$285.50	<b>\$528.50</b>
<b>PERS Gold PPO</b>								
Emp. only	\$480.02	\$470.00	NA	<b>\$10.02</b>	\$478.14	\$470.00	NA	<b>\$8.14</b>
Emp. + 1	\$960.03	\$470.00	\$285.50	<b>\$204.53</b>	\$956.28	\$470.00	\$285.50	<b>\$200.78</b>
Emp. + 2 or more	\$1,248.04	\$470.00	\$285.50	<b>\$492.54</b>	\$1,243.17	\$470.00	\$285.50	<b>\$487.67</b>
<b>PERS Platinum PPO</b>								
Emp. only	\$715.91	\$470.00	NA	<b>\$245.91</b>	\$713.12	\$470.00	NA	<b>\$243.12</b>
Emp. + 1	\$1,431.81	\$470.00	\$285.50	<b>\$676.31</b>	\$1,426.24	\$470.00	\$285.50	<b>\$670.74</b>
Emp. + 2 or more	\$1,861.36	\$470.00	\$285.50	<b>\$1,105.86</b>	\$1,854.11	\$470.00	\$285.50	<b>\$1,098.61</b>
<b>PORAC PPO****</b>								
Emp. only	\$528.50	\$470.00	NA	<b>\$58.50</b>	\$528.50	\$470.00	NA	<b>\$58.50</b>
Emp. + 1	\$1,063.50	\$470.00	\$285.50	<b>\$308.00</b>	\$1,063.50	\$470.00	\$285.50	<b>\$308.00</b>
Emp. + 2 or more	\$1,354.00	\$470.00	\$285.50	<b>\$598.50</b>	\$1,354.00	\$470.00	\$285.50	<b>\$598.50</b>
<b>Sharp HMO</b>								
Emp. only		Not Available			\$458.10	\$470.00	NA	<b>(\$11.90)</b>
Emp. + 1		Not Available			\$916.20	\$470.00	\$285.50	<b>\$160.70</b>
Emp. + 2 or more		Not Available			\$1,191.06	\$470.00	\$285.50	<b>\$435.56</b>
<b>UnitedHealthcare Alliance HMO</b>								
Emp. only	\$435.38	\$470.00	NA	<b>(\$34.62)</b>	\$475.50	\$470.00	NA	<b>\$5.50</b>
Emp. + 1	\$870.76	\$470.00	\$285.50	<b>\$115.26</b>	\$950.99	\$470.00	\$285.50	<b>\$195.49</b>
Emp. + 2 or more	\$1,131.99	\$470.00	\$285.50	<b>\$376.49</b>	\$1,236.29	\$470.00	\$285.50	<b>\$480.79</b>
<b>UnitedHealthcare Harmony HMO</b>								
Emp. only	\$382.76	\$470.00	NA	<b>(\$87.24)</b>	\$428.57	\$470.00	NA	<b>(\$41.43)</b>
Emp. + 1	\$765.51	\$470.00	\$285.50	<b>\$10.01</b>	\$857.14	\$470.00	\$285.50	<b>\$101.64</b>
Emp. + 2 or more	\$995.17	\$470.00	\$285.50	<b>\$239.67</b>	\$1,114.28	\$470.00	\$285.50	<b>\$358.78</b>

Remaining flexible benefit credits after medical elections will be applied to dental and vision elections; any unused credits will be forfeited.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours.

\*\*\*Premiums are taken from your paycheck twice a month, unless you owe back premiums (arrears). The amount shown here is your net cost per paycheck for your medical plan and coverage level, after County contributions. It will not match the deduction on your pay stub.

\*\*\*\*PORAC members only.

## 2026 PLAN COSTS FOR LEMU

2026 PLAN COSTS FOR EMPLOYEES COVERED BY LEMU*						
	Region 3 (Los Angeles, Riverside and San Bernardino counties)			Region 2 (Orange and San Diego counties)		
	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Employee Out-of-pocket Cost***	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Employee Out-of-pocket Cost***
<b>Anthem Select HMO</b>						
Emp. only	\$481.34	\$479.64	<b>\$1.70</b>	\$508.16	\$479.64	<b>\$28.52</b>
Emp. + 1	\$962.68	\$855.50	<b>\$107.18</b>	\$1,016.32	\$855.50	<b>\$160.82</b>
Emp. + 2 or more	\$1,251.49	\$1,093.50	<b>\$157.99</b>	\$1,321.22	\$1,093.50	<b>\$227.72</b>
<b>Anthem Traditional HMO</b>						
Emp. only	\$564.27	\$479.64	<b>\$84.63</b>	\$579.13	\$479.64	<b>\$99.49</b>
Emp. + 1	\$1,128.53	\$855.50	<b>\$273.03</b>	\$1,158.26	\$855.50	<b>\$302.76</b>
Emp. + 2 or more	\$1,467.09	\$1,093.50	<b>\$373.59</b>	\$1,505.74	\$1,093.50	<b>\$412.24</b>
<b>Blue Shield Access+ HMO</b>						
Emp. only	\$458.96	\$479.64	<b>(\$20.68)</b>	\$526.45	\$479.64	<b>\$46.81</b>
Emp. + 1	\$917.91	\$855.50	<b>\$62.41</b>	\$1,052.89	\$855.50	<b>\$197.39</b>
Emp. + 2 or more	\$1,193.29	\$1,093.50	<b>\$99.79</b>	\$1,368.76	\$1,093.50	<b>\$275.26</b>
<b>Blue Shield Trio HMO</b>						
Emp. only	\$426.28	\$479.64	<b>(\$53.36)</b>	\$468.29	\$479.64	<b>(\$11.35)</b>
Emp. + 1	\$852.56	\$855.50	<b>(\$2.94)</b>	\$936.58	\$855.50	<b>\$81.08</b>
Emp. + 2 or more	\$1,108.33	\$1,093.50	<b>\$14.83</b>	\$1,217.56	\$1,093.50	<b>\$124.06</b>
<b>Health Net Salud y Mas HMO</b>						
Emp. only	\$370.06	\$479.64	<b>(\$109.58)</b>	\$439.79	\$479.64	<b>(\$39.85)</b>
Emp. + 1	\$740.11	\$855.50	<b>(\$115.39)</b>	\$879.57	\$855.50	<b>\$24.07</b>
Emp. + 2 or more	\$962.15	\$1,093.50	<b>(\$131.35)</b>	\$1,143.44	\$1,093.50	<b>\$49.94</b>
<b>Kaiser Permanente HMO</b>						
Emp. only	\$484.53	\$479.64	<b>\$4.89</b>	\$493.85	\$479.64	<b>\$14.21</b>
Emp. + 1	\$969.05	\$855.50	<b>\$113.55</b>	\$987.69	\$855.50	<b>\$132.19</b>
Emp. + 2 or more	\$1,259.77	\$1,093.50	<b>\$166.27</b>	\$1,284.00	\$1,093.50	<b>\$190.50</b>
<b>PERS Gold PPO</b>						
Emp. only	\$480.02	\$479.64	<b>\$0.38</b>	\$478.14	\$479.64	<b>(\$1.50)</b>
Emp. + 1	\$960.03	\$855.50	<b>\$104.53</b>	\$956.28	\$855.50	<b>\$100.78</b>
Emp. + 2 or more	\$1,248.04	\$1,093.50	<b>\$154.54</b>	\$1,243.17	\$1,093.50	<b>\$149.67</b>
<b>PERS Platinum PPO</b>						
Emp. only	\$715.91	\$479.64	<b>\$236.27</b>	\$713.12	\$479.64	<b>\$233.48</b>
Emp. + 1	\$1,431.81	\$855.50	<b>\$576.31</b>	\$1,426.24	\$855.50	<b>\$570.74</b>
Emp. + 2 or more	\$1,861.36	\$1,093.50	<b>\$767.86</b>	\$1,854.11	\$1,093.50	<b>\$760.61</b>
<b>PORAC PPO****</b>						
Emp. only	\$528.50	\$479.64	<b>\$48.86</b>	\$528.50	\$479.64	<b>\$48.86</b>
Emp. + 1	\$1,063.50	\$855.50	<b>\$208.00</b>	\$1,063.50	\$855.50	<b>\$208.00</b>
Emp. + 2 or more	\$1,354.00	\$1,093.50	<b>\$260.50</b>	\$1,354.00	\$1,093.50	<b>\$260.50</b>
<b>Sharp HMO</b>						
Emp. only		Not Available		\$458.10	\$479.64	<b>(\$21.54)</b>
Emp. + 1		Not Available		\$916.20	\$855.50	<b>\$60.70</b>
Emp. + 2 or more		Not Available		\$1,191.06	\$1,093.50	<b>\$97.56</b>
<b>UnitedHealthcare Alliance HMO</b>						
Emp. only	\$435.38	\$479.64	<b>(\$44.26)</b>	\$475.50	\$479.64	<b>(\$4.14)</b>
Emp. + 1	\$870.76	\$855.50	<b>\$15.26</b>	\$950.99	\$855.50	<b>\$95.49</b>
Emp. + 2 or more	\$1,131.99	\$1,093.50	<b>\$38.49</b>	\$1,236.29	\$1,093.50	<b>\$142.79</b>
<b>UnitedHealthcare Harmony HMO</b>						
Emp. only	\$382.76	\$479.64	<b>(\$96.88)</b>	\$428.57	\$479.64	<b>(\$51.07)</b>
Emp. + 1	\$765.51	\$855.50	<b>(\$89.99)</b>	\$857.14	\$855.50	<b>\$1.64</b>
Emp. + 2 or more	\$995.17	\$1,093.50	<b>(\$98.33)</b>	\$1,114.28	\$1,093.50	<b>\$20.78</b>

Remaining flexible benefit credits after medical elections will be applied to dental and vision elections; any unused credits will be forfeited.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours.

\*\*\*Premiums are taken from your paycheck twice a month, unless you owe back premiums (arrears). The amount shown here is your net cost per paycheck for your medical plan and coverage level, after County contributions. It will not match the deduction on your pay stub.

\*\*\*\*PORAC members only.

2026 PLAN COSTS FOR EMPLOYEES COVERED BY THE DDAA MOU*								
	Region 3 (Los Angeles, Riverside and San Bernardino counties)				Region 2 (Orange and San Diego counties)			
	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Premium Subsidy	Semimonthly Employee Out-of-pocket Cost***	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Premium Subsidy	Semimonthly Employee Out-of-pocket Cost***
<b>Anthem Select HMO</b>								
Emp. only	\$481.34	\$436.50	NA	<b>\$44.84</b>	\$508.16	\$436.50	NA	<b>\$71.66</b>
Emp. + 1	\$962.68	\$436.50	\$344.00	<b>\$182.18</b>	\$1,016.32	\$436.50	\$344.00	<b>\$235.82</b>
Emp. + 2 or more	\$1,251.49	\$436.50	\$344.00	<b>\$470.99</b>	\$1,321.22	\$436.50	\$344.00	<b>\$540.72</b>
<b>Anthem Traditional HMO</b>								
Emp. only	\$564.27	\$436.50	NA	<b>\$127.77</b>	\$579.13	\$436.50	NA	<b>\$142.63</b>
Emp. + 1	\$1,128.53	\$436.50	\$344.00	<b>\$348.03</b>	\$1,158.26	\$436.50	\$344.00	<b>\$377.76</b>
Emp. + 2 or more	\$1,467.09	\$436.50	\$344.00	<b>\$686.59</b>	\$1,505.74	\$436.50	\$344.00	<b>\$725.24</b>
<b>Blue Shield Access+ HMO</b>								
Emp. only	\$458.96	\$436.50	NA	<b>\$22.46</b>	\$526.45	\$436.50	NA	<b>\$89.95</b>
Emp. + 1	\$917.91	\$436.50	\$344.00	<b>\$137.41</b>	\$1,052.89	\$436.50	\$344.00	<b>\$272.39</b>
Emp. + 2 or more	\$1,193.29	\$436.50	\$344.00	<b>\$412.79</b>	\$1,368.76	\$436.50	\$344.00	<b>\$588.26</b>
<b>Blue Shield Trio HMO</b>								
Emp. only	\$426.28	\$436.50	NA	<b>(\$10.22)</b>	\$468.29	\$436.50	NA	<b>\$31.79</b>
Emp. + 1	\$852.56	\$436.50	\$344.00	<b>\$72.06</b>	\$936.58	\$436.50	\$344.00	<b>\$156.08</b>
Emp. + 2 or more	\$1,108.33	\$436.50	\$344.00	<b>\$327.83</b>	\$1,217.56	\$436.50	\$344.00	<b>\$437.06</b>
<b>Health Net Salud y Mas HMO</b>								
Emp. only	\$370.06	\$436.50	NA	<b>(\$66.44)</b>	\$439.79	\$436.50	NA	<b>\$3.29</b>
Emp. + 1	\$740.11	\$436.50	\$344.00	<b>(\$40.39)</b>	\$879.57	\$436.50	\$344.00	<b>\$99.07</b>
Emp. + 2 or more	\$962.15	\$436.50	\$344.00	<b>\$181.65</b>	\$1,143.44	\$436.50	\$344.00	<b>\$362.94</b>
<b>Kaiser Permanente HMO</b>								
Emp. only	\$484.53	\$436.50	NA	<b>\$48.03</b>	\$493.85	\$436.50	NA	<b>\$57.35</b>
Emp. + 1	\$969.05	\$436.50	\$344.00	<b>\$188.55</b>	\$987.69	\$436.50	\$344.00	<b>\$207.19</b>
Emp. + 2 or more	\$1,259.77	\$436.50	\$344.00	<b>\$479.27</b>	\$1,284.00	\$436.50	\$344.00	<b>\$503.50</b>
<b>PERS Gold PPO</b>								
Emp. only	\$480.02	\$436.50	NA	<b>\$43.52</b>	\$478.14	\$436.50	NA	<b>\$41.64</b>
Emp. + 1	\$960.03	\$436.50	\$344.00	<b>\$179.53</b>	\$956.28	\$436.50	\$344.00	<b>\$175.78</b>
Emp. + 2 or more	\$1,248.04	\$436.50	\$344.00	<b>\$467.54</b>	\$1,243.17	\$436.50	\$344.00	<b>\$462.67</b>
<b>PERS Platinum PPO</b>								
Emp. only	\$715.91	\$436.50	NA	<b>\$279.41</b>	\$713.12	\$436.50	NA	<b>\$276.62</b>
Emp. + 1	\$1,431.81	\$436.50	\$344.00	<b>\$651.31</b>	\$1,426.24	\$436.50	\$344.00	<b>\$645.74</b>
Emp. + 2 or more	\$1,861.36	\$436.50	\$344.00	<b>\$1,080.86</b>	\$1,854.11	\$436.50	\$344.00	<b>\$1,073.61</b>
<b>PORAC PPO****</b>								
Emp. only	\$528.50	\$436.50	NA	<b>\$92.00</b>	\$528.50	\$436.50	NA	<b>\$92.00</b>
Emp. + 1	\$1,063.50	\$436.50	\$344.00	<b>\$283.00</b>	\$1,063.50	\$436.50	\$344.00	<b>\$283.00</b>
Emp. + 2 or more	\$1,354.00	\$436.50	\$344.00	<b>\$573.50</b>	\$1,354.00	\$436.50	\$344.00	<b>\$573.50</b>
<b>Sharp HMO</b>								
Emp. only		Not Available			\$458.10	\$436.50	NA	<b>\$21.60</b>
Emp. + 1		Not Available			\$916.20	\$436.50	\$344.00	<b>\$135.70</b>
Emp. + 2 or more		Not Available			\$1,191.06	\$436.50	\$344.00	<b>\$410.56</b>
<b>UnitedHealthcare Alliance HMO</b>								
Emp. only	\$435.38	\$436.50	NA	<b>(\$112)</b>	\$475.50	\$436.50	NA	<b>\$39.00</b>
Emp. + 1	\$870.76	\$436.50	\$344.00	<b>\$90.26</b>	\$950.99	\$436.50	\$344.00	<b>\$170.49</b>
Emp. + 2 or more	\$1,131.99	\$436.50	\$344.00	<b>\$351.49</b>	\$1,236.29	\$436.50	\$344.00	<b>\$455.79</b>
<b>UnitedHealthcare Harmony HMO</b>								
Emp. only	\$382.76	\$436.50	NA	<b>(\$53.74)</b>	\$428.57	\$436.50	NA	<b>(\$7.93)</b>
Emp. + 1	\$765.51	\$436.50	\$344.00	<b>(\$14.99)</b>	\$857.14	\$436.50	\$344.00	<b>\$76.64</b>
Emp. + 2 or more	\$995.17	\$436.50	\$344.00	<b>\$214.67</b>	\$1,114.28	\$436.50	\$344.00	<b>\$333.78</b>

Remaining flexible benefit credits after medical elections will be applied to dental and vision elections.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours.

\*\*\*Premiums are taken from your paycheck twice a month, unless you owe back premiums (arrears). The amount shown here is your net cost per paycheck for your medical plan and coverage level, after County contributions. It will not match the deduction on your pay stub.

\*\*\*\*PORAC members only.

## 2026 PLAN COSTS FOR OUT-OF-STATE

### PLAN COSTS FOR 2026 CALPERS MEDICAL PLANS OUT-OF-STATE REGION (RESIDENTS OUTSIDE OF CALIFORNIA)\*

#### 2026 PLAN COSTS FOR EMPLOYEES COVERED BY THE SEIU MOU, MANAGEMENT RESOLUTION, AND RESIDENT PHYSICIANS & SURGEON, PHARMACY RESIDENT AND PHYSICIAN ASSISTANT FELLOWSHIP CLASSIFICATIONS<sup>†</sup>

	Semimonthly Premium	Semimonthly Flexible Benefit Credits and Premium Subsidy**	Semimonthly Employee Out-of-pocket Cost***
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>			
Emp. only	\$699.48	\$463.26	<b>\$236.22</b>
Emp. + 1	\$1,398.96	\$805.50	<b>\$593.46</b>
Emp. + 2 or more	\$1,818.65	\$1,043.50	<b>\$775.15</b>
<b>PERS Platinum PPO</b>			
Emp. only	\$705.15	\$463.26	<b>\$241.89</b>
Emp. + 1	\$1,410.29	\$805.50	<b>\$604.79</b>
Emp. + 2 or more	\$1,833.38	\$1,043.50	<b>\$789.88</b>
<b>PORAC PPO***</b>			
Emp. only	\$603.00	\$463.26	<b>\$139.74</b>
Emp. + 1	\$1,224.00	\$805.50	<b>\$418.50</b>
Emp. + 2 or more	\$1,450.00	\$1,043.50	<b>\$406.50</b>

#### 2026 PLAN COSTS FOR EMPLOYEES COVERED BY RSA PUBLIC SAFETY<sup>†</sup>

	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Flexible Benefit Credits and Premium Subsidy **	Employee Semimonthly Out Of Pocket Cost****
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>				
Emp. only	\$699.48	\$470.00	NA	<b>\$229.48</b>
Emp. + 1	\$1,398.96	\$470.00	\$285.50	<b>\$643.46</b>
Emp. + 2 or more	\$1,818.65	\$470.00	\$285.50	<b>\$1,063.15</b>
<b>PERS Platinum PPO</b>				
Emp. only	\$705.15	\$470.00	NA	<b>\$235.15</b>
Emp. + 1	\$1,410.29	\$470.00	\$285.50	<b>\$654.79</b>
Emp. + 2 or more	\$1,833.38	\$470.00	\$285.50	<b>\$1,077.88</b>
<b>PORAC PPO***</b>				
Emp. only	\$603.00	\$470.00	NA	<b>\$133.00</b>
Emp. + 1	\$1,224.00	\$470.00	\$285.50	<b>\$468.50</b>
Emp. + 2 or more	\$1,450.00	\$470.00	\$285.50	<b>\$694.50</b>

#### 2026 PLAN COSTS FOR EMPLOYEES COVERED BY LEMU<sup>†</sup>

	Semimonthly Premium	Semimonthly Flexible Benefit Credits and Premium Subsidy**	Semimonthly Employee Out-of-pocket Cost***
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>			
Emp. only	\$699.48	\$479.64	<b>\$219.84</b>
Emp. + 1	\$1,398.96	\$855.50	<b>\$593.46</b>
Emp. + 2 or more	\$1,818.65	\$1,093.50	<b>\$725.15</b>
<b>PERS Platinum PPO</b>			
Emp. only	\$705.15	\$479.64	<b>\$225.51</b>
Emp. + 1	\$1,410.29	\$855.50	<b>\$554.79</b>
Emp. + 2 or more	\$1,833.38	\$1,093.50	<b>\$789.88</b>
<b>PORAC PPO***</b>			
Emp. only	\$603.00	\$479.64	<b>\$123.36</b>
Emp. + 1	\$1,224.00	\$855.50	<b>\$368.50</b>
Emp. + 2 or more	\$1,450.00	\$1,093.50	<b>\$356.50</b>

#### 2026 PLAN COSTS FOR EMPLOYEES COVERED BY THE DDAA MOU

	Semimonthly Premium	Semimonthly Flexible Benefit Credits**	Semimonthly Flexible Benefit Credits and Premium Subsidy **	Employee Semimonthly Out Of Pocket Cost****
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>				
Emp. only	\$699.48	\$436.50	NA	<b>\$262.98</b>
Emp. + 1	\$1,398.96	\$436.50	\$344.00	<b>\$618.46</b>
Emp. + 2 or more	\$1,818.65	\$436.50	\$344.00	<b>\$1,038.15</b>
<b>PERS Platinum PPO</b>				
Emp. only	\$705.15	\$436.50	NA	<b>\$268.65</b>
Emp. + 1	\$1,410.29	\$436.50	\$344.00	<b>\$629.79</b>
Emp. + 2 or more	\$1,833.38	\$436.50	\$344.00	<b>\$1,052.88</b>
<b>PORAC PPO***</b>				
Emp. only	\$603.00	\$436.50	NA	<b>\$166.50</b>
Emp. + 1	\$1,224.00	\$436.50	\$344.00	<b>\$443.50</b>
Emp. + 2 or more	\$1,450.00	\$436.50	\$344.00	<b>\$669.50</b>

<sup>†</sup> Remaining flexible benefit credits after medical elections will be applied to dental and vision elections; any unused credits will be forfeited.

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours.

\*\*\*PORAC members only.

\*\*\*\*Premiums are deducted semimonthly (twice a month), unless you owe for uncollected premiums (arrears). The premium listed will not be on your pay stub but instead is the net out-of-pocket cost for electing your medical plan and coverage level; this column reflects the per-check cost after all county contributions have been applied.

**DENTAL AND VISION PLAN ELIGIBILITY**

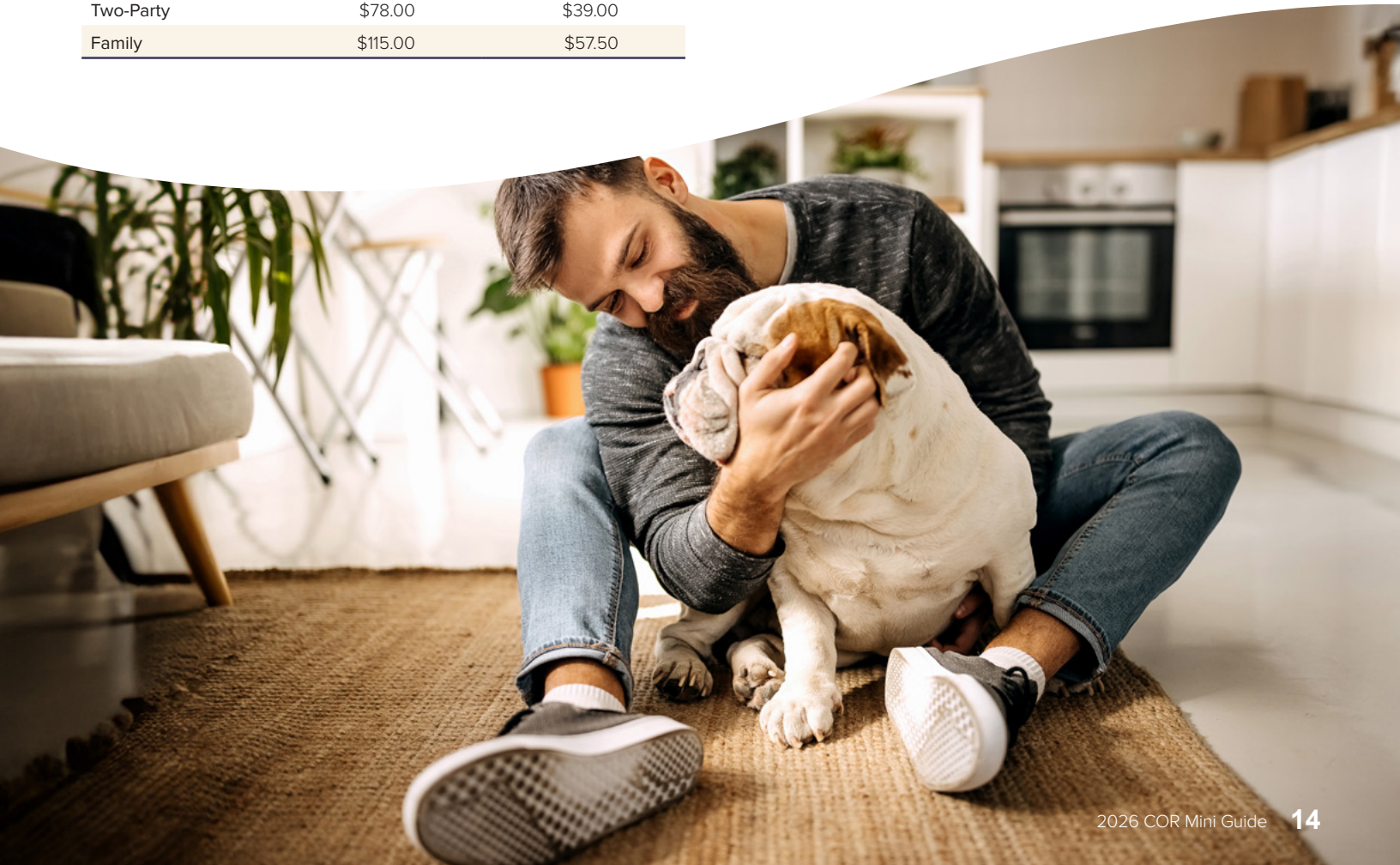
All regular County employees are eligible for County dental plans.

Employees covered by the Management Resolution, Resident Physicians, Pharmacy Residents, DDAA and LEMU bargaining units are eligible for an employer-paid VSP plan. Employees covered by the SEIU, LIUNA and RSA Public Safety bargaining units are eligible to purchase coverage through EyeMed.

COUNTY PLANS – DENTAL*		
	Monthly	Semimonthly
<b>Local Advantage – Plus</b>		
Employee	\$32.26	\$16.13
Two-Party	\$61.50	\$30.75
Family	\$91.50	\$45.75
<b>Local Advantage – Blythe</b>		
Employee	\$20.98	\$10.49
Two-Party	\$32.02	\$16.01
Family	\$50.36	\$25.18
<b>DeltaCare USA DHMO – High Option Plan (10A)</b>		
Employee	\$22.34	\$11.17
Two-Party	\$34.08	\$17.04
Family	\$53.60	\$26.80
<b>Delta Dental PPO</b>		
Employee	\$45.00	\$22.50
Two-Party	\$78.00	\$39.00
Family	\$115.00	\$57.50

COUNTY PLANS – VISION*		
	Monthly	Semimonthly
<b>EyeMed Vision Plan 1</b>		
Employee	\$8.56	\$4.28
Two-Party	\$12.92	\$6.46
Family	\$17.48	\$8.74
<b>EyeMed Vision Plan 2</b>		
Employee	\$7.22	\$3.61
Two-Party	\$11.50	\$5.75
Family	\$15.88	\$7.94

\*Some rates were rounded to the next even number for even semimonthly premium deductions.



## CONTACT INFORMATION

For more information, visit the benefits website at <https://rc-hr.com/OE26>. This website is a great resource for County plan participants. You can also contact the carriers directly at the phone numbers and websites listed below.

CONTACT INFORMATION		
Plan	Telephone	Website
<b>CalPERS Medical Plans</b>		
Blue Shield	(800) 334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Kaiser Permanente (HMO)	(800) 464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
PERS Platinum and PERS Gold (PPO) Included Health	(877) 737-7776 (855) 633-4436	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
PORAC	(800) 655-6397	<a href="http://ibtofporac.org/">http://ibtofporac.org/</a>
Anthem Select HMO and Anthem Traditional HMO	(855) 839-4524	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Health Net Salud y Mas	(888) 926-4921	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Sharp	(855) 995-5004	<a href="http://www.sharphealthplan.com/calpers">www.sharphealthplan.com/calpers</a>
UnitedHealthcare	(877) 359-3714	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>
CVS Caremark	(833) 291-3649	<a href="http://www.caremark.com/calpers">www.caremark.com/calpers</a>
<b>Dental</b>		
DeltaCare USA (HMO)	(800) 422-4234	<a href="https://www1.deltadentalins.com/group-sites/rivco.html">https://www1.deltadentalins.com/group-sites/rivco.html</a>
Delta Dental (PPO)	(800) 765-6003	<a href="https://www1.deltadentalins.com/group-sites/rivco.html">https://www1.deltadentalins.com/group-sites/rivco.html</a>
Local Advantage (EPO)	(800) 331-5301	<a href="https://rc-hr.com/benefits">https://rc-hr.com/benefits</a>
<b>Vision</b>		
Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
EyeMed Vision Care	(844) 409-3401	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Life Insurance</b>		
The Standard	(800) 628-8600	<a href="https://standard.benselect.com/COR">https://standard.benselect.com/COR</a>
Med Plus Advantage (Resident Physicians and Pharmacy Residents)	(800) 458-5736	<a href="http://www.medplusadvantage.com">www.medplusadvantage.com</a>
<b>Other Benefits and County Resources</b>		
eBenefits Online Enrollment System Entry	Call the Benefits Information Line for assistance at (951) 955-4981	<a href="https://rc-hr.com/benefits">https://rc-hr.com/benefits</a>
Riverside County Human Resources Benefits Information Line	(951) 955-4981 TTY: 711 Fax: (951) 955-3490	<a href="https://rc-hr.com/benefits">https://rc-hr.com/benefits</a> or <a href="http://intranet.co.riverside.ca.us">http://intranet.co.riverside.ca.us</a> Email: <a href="mailto:benefits@rivco.org">benefits@rivco.org</a>
FSA Claims Administrator (ASIFlex)	(800) 659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
<b>Retirement</b>		
CalPERS	(888) CalPERS or (888) 225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
Riverside County Human Resources Retirement Unit	(951) 955-4981, option 2 Fax: (951) 955-8538	Email: <a href="mailto:retirement@rivco.org">retirement@rivco.org</a>
Nationwide • Nationwide Retirement Solutions	(800) 545-4730	<a href="http://www.RiversideCountyDC.com">www.RiversideCountyDC.com</a>
Corebridge Financial Services	(800) 448-2542	<a href="http://www.corebridgefinancial.com">www.corebridgefinancial.com</a>

PLAN GROUP NUMBERS	
<b>Anthem Blue Cross Select HMO</b>	
Active Region 1	HNB050GS
Active Region 2	HNB050HS
Active Region 3	HNB050IS
<b>Anthem Blue Cross Traditional HMO</b>	
Active Region 1	HTB050GT
Active Region 2	HTB050HT
Active Region 3	HTB050IT
<b>Blue Shield Access+ HMO</b>	
Active	W0051411
<b>Blue Shield Trio HMO</b>	
Active	W0051411
<b>Health Net Salud y Más</b>	
Active	TB050I
<b>Kaiser Permanente</b>	
Active	105705
<b>Peace Officers Research Assoc of CA</b>	
Active Region 1	L02978M001
Active Region 2	L02978M001
Active Region 3	L02978M001
Active - Out of State	L02978M005
<b>PERS Gold</b>	
Active	W0051411

PLAN GROUP NUMBERS	
<b>PERS Platinum</b>	
Active	W0051411
<b>Sharp Performance Plus</b>	
Active	1002026-04
<b>UnitedHealthcare SignatureValue Alliance</b>	
Active Region 1	682301
Active Region 2	682302
Active Region 3	682303
<b>UnitedHealthcare SignatureValue Harmony</b>	
Active Region 1	682335
Active Region 2	682336
Active Region 3	682337
<b>Delta Dental HMO USA High Option Plan 10A Group #6482</b>	
Active	76482-00501
<b>Dental Dental PPO Group #04784</b>	
Active	04784-00001
<b>Local Advantage/LA Blythe</b>	
Local Advantage Plus - Active	CA000272-01
Local Advantage Plus - Active - BLYTHE	CA000272-04
<b>EyeMed - Insight Network</b>	
Plan 1 (Active Full Service)	1040309
Plan 2 (Active Materials Only)	1040310

PLAN  
CONFIDENTLY

ENROLL  
EASILY

THRIVE  
ALL YEAR!



Alternative formats available upon request. Contact the Benefits Information Line at **(951) 955-4981** as soon as possible. It may take up to two weeks to fulfill your request.

This guide gives you an overview of your benefits, including eligibility, plan options, rates, how to enroll and other important information. More detailed information is available in the official plan documents.

**RIVCO 1HR**  
*putting people first*