

## 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>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 (arrearages). 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.