

2026 PLAN COSTS FOR DDAA

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***
Anthem Select HMO								
Emp. only	\$481.34	\$436.50	NA	\$44.84	\$508.16	\$436.50	NA	\$71.66
Emp. + 1	\$962.68	\$436.50	\$344.00	\$182.18	\$1,016.32	\$436.50	\$344.00	\$235.82
Emp. + 2 or more	\$1,251.49	\$436.50	\$344.00	\$470.99	\$1,321.22	\$436.50	\$344.00	\$540.72
Anthem Traditional HMO								
Emp. only	\$564.27	\$436.50	NA	\$127.77	\$579.13	\$436.50	NA	\$142.63
Emp. + 1	\$1,128.53	\$436.50	\$344.00	\$348.03	\$1,158.26	\$436.50	\$344.00	\$377.76
Emp. + 2 or more	\$1,467.09	\$436.50	\$344.00	\$686.59	\$1,505.74	\$436.50	\$344.00	\$725.24
Blue Shield Access+ HMO								
Emp. only	\$458.96	\$436.50	NA	\$22.46	\$526.45	\$436.50	NA	\$89.95
Emp. + 1	\$917.91	\$436.50	\$344.00	\$137.41	\$1,052.89	\$436.50	\$344.00	\$272.39
Emp. + 2 or more	\$1,193.29	\$436.50	\$344.00	\$412.79	\$1,368.76	\$436.50	\$344.00	\$588.26
Blue Shield Trio HMO								
Emp. only	\$426.28	\$436.50	NA	(\$10.22)	\$468.29	\$436.50	NA	\$31.79
Emp. + 1	\$852.56	\$436.50	\$344.00	\$72.06	\$936.58	\$436.50	\$344.00	\$156.08
Emp. + 2 or more	\$1,108.33	\$436.50	\$344.00	\$327.83	\$1,217.56	\$436.50	\$344.00	\$437.06
Health Net Salud y Mas HMO								
Emp. only	\$370.06	\$436.50	NA	(\$66.44)	\$439.79	\$436.50	NA	\$3.29
Emp. + 1	\$740.11	\$436.50	\$344.00	(\$40.39)	\$879.57	\$436.50	\$344.00	\$99.07
Emp. + 2 or more	\$962.15	\$436.50	\$344.00	\$181.65	\$1,143.44	\$436.50	\$344.00	\$362.94
Kaiser Permanente HMO								
Emp. only	\$484.53	\$436.50	NA	\$48.03	\$493.85	\$436.50	NA	\$57.35
Emp. + 1	\$969.05	\$436.50	\$344.00	\$188.55	\$987.69	\$436.50	\$344.00	\$207.19
Emp. + 2 or more	\$1,259.77	\$436.50	\$344.00	\$479.27	\$1,284.00	\$436.50	\$344.00	\$503.50
PERS Gold PPO								
Emp. only	\$480.02	\$436.50	NA	\$43.52	\$478.14	\$436.50	NA	\$41.64
Emp. + 1	\$960.03	\$436.50	\$344.00	\$179.53	\$956.28	\$436.50	\$344.00	\$175.78
Emp. + 2 or more	\$1,248.04	\$436.50	\$344.00	\$467.54	\$1,243.17	\$436.50	\$344.00	\$462.67
PERS Platinum PPO								
Emp. only	\$715.91	\$436.50	NA	\$279.41	\$713.12	\$436.50	NA	\$276.62
Emp. + 1	\$1,431.81	\$436.50	\$344.00	\$651.31	\$1,426.24	\$436.50	\$344.00	\$645.74
Emp. + 2 or more	\$1,861.36	\$436.50	\$344.00	\$1,080.86	\$1,854.11	\$436.50	\$344.00	\$1,073.61
Sharp HMO								
Emp. only		Not Available			\$458.10	\$436.50	NA	\$21.60
Emp. + 1		Not Available			\$916.20	\$436.50	\$344.00	\$135.70
Emp. + 2 or more		Not Available			\$1,191.06	\$436.50	\$344.00	\$410.56
UnitedHealthcare Alliance HMO								
Emp. only	\$435.38	\$436.50	NA	(\$1.12)	\$475.50	\$436.50	NA	\$39.00
Emp. + 1	\$870.76	\$436.50	\$344.00	\$90.26	\$950.99	\$436.50	\$344.00	\$170.49
Emp. + 2 or more	\$1,131.99	\$436.50	\$344.00	\$351.49	\$1,236.29	\$436.50	\$344.00	\$455.79
UnitedHealthcare Harmony HMO								
Emp. only	\$382.76	\$436.50	NA	(\$53.74)	\$428.57	\$436.50	NA	(\$7.93)
Emp. + 1	\$765.51	\$436.50	\$344.00	(\$14.99)	\$857.14	\$436.50	\$344.00	\$76.64
Emp. + 2 or more	\$995.17	\$436.50	\$344.00	\$214.67	\$1,114.28	\$436.50	\$344.00	\$333.78

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 (arrear). 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.