



2026 Health Care Benefits Rates

Coverage Level	Total Monthly Premiums	Semi-Monthly Premiums	Semi-Monthly Employer Portion 85%	2026 Semi-Monthly Employee Portion 15%	2025 Semi-Monthly Employee Portion 15%	Semi-Monthly Employee Portion Difference
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Region 1 - PPO

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

PERS Platinum

Employee	1,670.14	835.07	709.81	125.26	110.71	14.55
Employee + 1	3,340.28	1,670.14	1,419.62	250.52	221.42	29.10
Employee + Family	4,342.26	2,171.13	1,845.46	325.67	287.84	37.83

PERS Gold

Employee	1,120.58	560.29	476.25	84.04	76.03	8.01
Employee + 1	2,241.16	1,120.58	952.49	168.09	152.06	16.03
Employee + Family	2,913.51	1,456.76	1,238.25	218.51	197.67	20.84

Region 1 - HMO

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

Anthem Blue Cross HMO Select (Region 1)

Employee	1,336.29	668.15	567.93	100.22	94.25	5.97
Employee + 1	2,672.58	1,336.29	1,135.85	200.44	188.50	11.94
Employee + Family	3,474.35	1,737.18	1,476.60	260.58	245.05	15.53

Blue Shield Access+ HMO - (Region 1)

Employee	1,301.95	650.98	553.33	97.65	87.76	9.89
Employee + 1	2,603.90	1,301.95	1,106.66	195.29	175.53	19.76
Employee + Family	3,385.07	1,692.54	1,438.66	253.88	228.18	25.70

Kaiser Permanente - (Region 1)

Employee	1,168.86	584.43	496.77	87.66	83.47	4.19
Employee + 1	2,337.72	1,168.86	993.53	175.33	166.94	8.39
Employee + Family	3,039.04	1,519.52	1,291.59	227.93	217.02	10.91

Guardian PPO Dental (2026 rates will be available in December)

Employee Only	40.81	20.41	20.41		3.06	
Employee + Spouse	82.83	41.42	41.42		6.21	
Employee + Children	108.46	54.23	54.23		8.13	
Employee + Family	160.90	80.45	80.45		12.07	

Guardian Vision - VSP (2026 rates will be available in December)

Employee Only	15.86	7.93	7.93		1.19	
Employee + Spouse	26.70	13.35	13.35		2.00	
Employee + Children	27.23	13.62	13.62		2.04	
Employee + Family	43.09	21.55	21.55		3.23	