

**NONREPRESENTED EMPLOYEES  
HEALTH BENEFIT PLAN RATES  
JANUARY 1, 2025 TO DECEMBER 31, 2025**

**HEALTH**

<b>Blue Shield Access +</b>			<b>HMO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE01	\$1,170.17	\$117.02	\$58.51
EE + 1 Dep.	3032HE01	\$2,340.34	\$680.46	\$340.23
EE + 2+ Deps.	3033HE01	\$3,042.44	\$1,117.14	\$558.57

<b>PERS Platinum 90/10 Plan</b>			<b>PPO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE01	\$1,476.10	\$422.95	\$211.47
EE + 1 Dep.	PLA2HE01	\$2,952.20	\$1,292.32	\$646.16
EE + 2+ Deps.	PLA3HE01	\$3,837.86	\$1,912.56	\$956.28

<b>PERS Gold 80/20 Plan</b>			<b>PPO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE01	\$1,013.70	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE01	\$2,027.40	\$367.52	\$183.76
EE + 2+ Deps.	GOL3HE01	\$2,635.62	\$710.32	\$355.16

<b>PORAC</b>			<b>PPO</b>	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	2071HE01	\$975.00	\$0.00	\$0.00
EE + 1 Dep.	2072HE01	\$2,218.00	\$558.12	\$279.06
EE + 2+ Deps.	2073HE01	\$2,777.00	\$851.70	\$425.85

This information is current as of 8/16/24 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.