

**DSA EMPLOYEES
HEALTH BENEFIT PLAN RATES
JANUARY 1, 2026 TO DECEMBER 31, 2026**

HEALTH

Blue Shield Access +			HMO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	3031HE20	\$1,301.95	\$130.19	\$65.10
EE + 1 Dep.	3032HE20	\$2,603.90	\$825.41	\$412.70
EE + 2+ Deps.	3033HE20	\$3,385.07	\$1,341.16	\$670.58

PERS Platinum 90/10 Plan			PPO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	PLA1HE20	\$1,670.14	\$498.38	\$249.19
EE + 1 Dep.	PLA2HE20	\$3,340.28	\$1,561.79	\$780.89
EE + 2+ Deps.	PLA3HE20	\$4,342.36	\$2,298.45	\$1,149.22

PERS Gold 80/20 Plan			PPO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	GOL1HE20	\$1,120.58	\$0.00	\$0.00
EE + 1 Dep.	GOL2HE20	\$2,241.16	\$462.67	\$231.33
EE + 2+ Deps.	GOL3HE20	\$2,913.51	\$869.60	\$434.80

PORAC			PPO	
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EE COST	BI-WEEKLY DEDUCTION
EE Only	2071HE20	\$1,063.00	\$0.00	\$0.00
EE + 1 Dep.	2072HE20	\$2,418.00	\$639.51	\$319.75
EE + 2+ Deps.	2073HE20	\$3,027.00	\$983.09	\$491.54

This information is current as of 7/15/25 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.