

# PERS MEDICAL INSURANCE

MONTHLY RATES FOR 2026

EFFECTIVE 1/1/26 ~ 12.31.26

| PLAN NAMES                               | AFSCME                     |                      |                     |  |  |  |
|--|----------------------------|----------------------|---------------------|--|--|--|
|  | Employee Only              | Employee+1 Dependent | Employee +2 or More |  |  |  |
| <b>Western Health HMO</b>                | \$969.58                   | \$1,939.16           | \$2,520.91          |  |  |  |
| County Share                             | \$969.58                   | \$1,638.84           | \$1,971.01          |  |  |  |
| <b>Employee Share</b>                    | <b>\$0.00</b>              | <b>\$300.32</b>      | <b>\$549.90</b>     |  |  |  |
| PLAN CODE                                | 591-1                      | 592-2                | 592-3               |  |  |  |
| <b>PERS Gold PPO</b>                     | \$1,120.58                 | \$2,241.16           | \$2,913.51          |  |  |  |
| County Share                             | \$1,068.84                 | \$1,638.84           | \$1,971.01          |  |  |  |
| <b>Employee Share</b>                    | <b>\$51.74</b>             | <b>\$602.32</b>      | <b>\$942.50</b>     |  |  |  |
| PLAN CODE                                | 648-1                      | 648-2                | 648-3               |  |  |  |
| <b>Blue Shield Access+ HMO</b>           | \$1,301.95                 | \$2,603.90           | \$3,385.07          |  |  |  |
| County Share                             | \$1,068.84                 | \$1,638.84           | \$1,971.01          |  |  |  |
| <b>Employee Share</b>                    | <b>\$233.11</b>            | <b>\$965.06</b>      | <b>\$1,414.06</b>   |  |  |  |
| PLAN CODE                                | 525-1                      | 525-2                | 525-3               |  |  |  |
| <b>PERS Platinum PPO</b>                 | \$1,670.14                 | \$3,340.28           | \$4,342.36          |  |  |  |
| County Share                             | \$1,068.84                 | \$1,638.84           | \$1,971.01          |  |  |  |
| <b>Employee Share</b>                    | <b>\$601.30</b>            | <b>\$1,701.44</b>    | <b>\$2,371.35</b>   |  |  |  |
| PLAN CODE                                | 657-1                      | 657-2                | 657-3               |  |  |  |
| <b>Anthem Blue Cross Traditional HMO</b> | \$1,612.08                 | \$3,224.16           | \$4,191.41          |  |  |  |
| County Share                             | \$1,068.84                 | \$1,638.84           | \$1,971.01          |  |  |  |
| <b>Employee Share</b>                    | <b>\$543.24</b>            | <b>\$1,585.32</b>    | <b>\$2,220.40</b>   |  |  |  |
| PLAN CODE                                | 509-1                      | 509-2                | 509-3               |  |  |  |
|  | <b>Peace Officers Only</b> |                      |                     |  |  |  |
| <b>PORAC PPO (Peace Officers Only)</b>   | \$1,063.00                 | \$2,418.00           | \$3,027.00          |  |  |  |
| County Share                             | \$1,063.00                 | \$1,638.84           | \$1,971.01          |  |  |  |
| <b>Employee Share</b>                    | <b>\$0.00</b>              | <b>\$779.16</b>      | <b>\$1,055.99</b>   |  |  |  |
| PLAN CODE                                | 592-1                      | 592-2                | 592-3               |  |  |  |
| <b>OPT OUT</b>                           | <b>\$493.00</b>            |                      |                     |  |  |  |

updated 8/27/25

The employee contribution is determined through negotiations between the bargaining units and the County. See below for how employer and employee contributions were calculated.

For AFSCME (21.A, 21.B)

**Employee Only = 89.61 %** of the lowest cost plan and up to an additional \$200

**Employee +1 = 69.01 %** of the lowest cost plan and up to an additional \$200+\$100.63

**Employee + 2 or more 64.27 %** of the lowest cost plan and up to an additional \$200 +\$150.82