

2026 MONTHLY HEALTH PREMIUMS AND DEDUCTIONS

EFFECTIVE DATE: 1/1/2026 - 12/31/2026

NOTE: Enrollment can be based on residential or work zip code. Not all HMO plans are available in all California counties. To see if a plan is available in your zip code, visit the [CalPERS zip code search page](#).

PREMIUM COST FOR EMPLOYEE**

PLAN	LEVEL OF PARTICIPATION	2026 PREMIUMS	2026 TOWN BENEFITS*	1ST PAYCHECK DEDUCTION	2ND PAYCHECK DEDUCTION	TOTAL MONTHLY DEDUCTION
MEDICAL - Region 1						
HMO - Health Maintenance Organization						
Kaiser	EMPLOYEE ONLY	\$1,168.86	\$1,168.86	\$0.00	\$0.00	\$0.00
	EMPLOYEE & 1 DEPENDENT	\$2,337.72	\$2,220.84	\$58.44	\$58.44	\$116.88
	EMPLOYEE & 2+ DEPENDENTS	\$3,039.04	\$2,852.02	\$93.51	\$93.51	\$187.02
Anthem Blue Cross Select HMO	EMPLOYEE ONLY	\$1,336.29	\$1,168.87	\$83.71	\$83.71	\$167.42
	EMPLOYEE & 1 DEPENDENT	\$2,672.58	\$2,220.84	\$225.87	\$225.87	\$451.74
	EMPLOYEE & 2+ DEPENDENTS	\$3,474.35	\$2,852.03	\$311.16	\$311.16	\$622.32
Anthem Blue Cross Traditional HMO	EMPLOYEE ONLY	\$1,612.08	\$1,168.86	\$221.61	\$221.61	\$443.22
	EMPLOYEE & 1 DEPENDENT	\$3,224.16	\$2,220.84	\$501.66	\$501.66	\$1,003.32
	EMPLOYEE & 2+ DEPENDENTS	\$4,191.41	\$2,852.03	\$669.69	\$669.69	\$1,339.38
Blue Shield Access+ HMO	EMPLOYEE ONLY	\$1,301.95	\$1,168.87	\$66.54	\$66.54	\$133.08
	EMPLOYEE & 1 DEPENDENT	\$2,603.90	\$2,220.84	\$191.53	\$191.53	\$383.06
	EMPLOYEE & 2+ DEPENDENTS	\$3,385.07	\$2,852.03	\$266.52	\$266.52	\$533.04
Blue Shield Trio HMO (Only Available in Santa Cruz County)	EMPLOYEE ONLY	\$1,166.58	\$1,166.58*	\$0.00	\$0.00	\$0.00
	EMPLOYEE & 1 DEPENDENT	\$2,333.16	\$2,220.84	\$56.16	\$56.16	\$112.32
	EMPLOYEE & 2+ DEPENDENTS	\$3,039.04	\$2,852.02	\$93.51	\$93.51	\$187.02
UnitedHealthcare SignatureValue Alliance	EMPLOYEE ONLY	\$1,290.06	\$1,168.86	\$60.60	\$60.60	\$121.20
	EMPLOYEE & 1 DEPENDENT	\$2,580.12	\$2,220.84	\$179.64	\$179.64	\$359.28
	EMPLOYEE & 2+ DEPENDENTS	\$3,354.16	\$2,852.02	\$251.07	\$251.07	\$502.14
UnitedHealthcare SignatureValue Harmony	EMPLOYEE ONLY	\$1,133.09	\$1,133.09*	\$0.00	\$0.00	\$0.00
	EMPLOYEE & 1 DEPENDENT	\$2,266.18	\$2,220.84	\$22.67	\$22.67	\$45.34
	EMPLOYEE & 2+ DEPENDENTS	\$2,946.03	\$2,852.03	\$47.00	\$47.00	\$94.00
PPO - Preferred Provider Organization						
PERS Platinum	EMPLOYEE ONLY	\$1,670.14	\$1,168.86	\$250.64	\$250.64	\$501.28
	EMPLOYEE & 1 DEPENDENT	\$3,340.28	\$2,220.84	\$559.72	\$559.72	\$1,119.44
	EMPLOYEE & 2+ DEPENDENTS	\$4,342.36	\$2,852.02	\$745.17	\$745.17	\$1,490.34
PERS Gold	EMPLOYEE ONLY	\$1,120.58	\$1,120.58*	\$0.00	\$0.00	\$0.00
	EMPLOYEE & 1 DEPENDENT	\$2,241.16	\$2,220.84	\$10.16	\$10.16	\$20.32
	EMPLOYEE & 2+ DEPENDENTS	\$2,913.51	\$2,852.03	\$30.74	\$30.74	\$61.48
PORAC (Public Safety/Sworn Only)	EMPLOYEE ONLY	\$1,063.00	\$1,063.00*	\$0.00	\$0.00	\$0.00
	EMPLOYEE & 1 DEPENDENT	\$2,418.00	\$2,220.84	\$98.58	\$98.58	\$197.16
	EMPLOYEE & 2+ DEPENDENTS	\$3,027.00	\$2,852.02	\$87.49	\$87.49	\$174.98
Dental Plans						
Delta PPO	EMPLOYEE ONLY	\$126.17	\$111.17	\$7.50	\$7.50	\$15.00
	EMPLOYEE & 1 DEPENDENT	\$126.17	\$111.17	\$7.50	\$7.50	\$15.00
	EMPLOYEE & 2+ DEPENDENTS	\$126.17	\$111.17	\$7.50	\$7.50	\$15.00
DeltaCare USA (HMO)	UP TO EMPLOYEE & 2+ DEP.	\$42.43	\$42.43	\$0.00	\$0.00	\$0.00
Vision Plan						
VISION SERVICE PLAN (VSP)	EMPLOYEE ONLY	\$10.64	\$10.64	\$0.00	\$0.00	\$0.00
	EMPLOYEE & 1 DEPENDENT	\$15.25	\$10.65	\$2.30	\$2.30	\$4.60
	EMPLOYEE & 2+ DEPENDENTS	\$27.44	\$10.64	\$8.40	\$8.40	\$16.80

*The Town will contribute up to the amount the employee is eligible to receive. If the medical plan costs less than the Town's maximum contribution amount, the employee will not receive the difference as cash, credit or additional compensation.

**When the total monthly employee premium amount cannot be evenly divided into two equal payroll deductions, the Town will absorb any remaining cent to ensure the employee's monthly premium is split evenly between the two monthly payroll deductions.