



# San Benito County

2024 Contribution Rate Sheet  
Effective: January 2024

All Active Employee  
Groups

Plan by Tier		Monthly Medical Contributions				BiWeekly Cost (24 Pay Period)
Active	Tier	Carrier Rates	County Contribution (2024 PEMHCA included)	HRA Contribution	Employee Share	Employee Share
Kaiser Permanente HMO	Employee	\$1,021.41	\$750	\$125.00	\$146.41	\$73.21
	Employee+ 1	\$2,042.82	\$1,250	\$250.00	\$542.82	\$271.41
	Family	\$2,655.67	\$1,515	\$333.34	\$807.33	\$403.67
Anthem Blue Cross Select HMO	Employee	\$1,138.86	\$750	\$125.00	\$263.86	\$131.93
	Employee+ 1	\$2,277.72	\$1,250	\$250.00	\$777.72	\$388.86
	Family	\$2,961.04	\$1,515	\$333.34	\$1,112.70	\$556.35
Anthem Blue Cross Traditional HMO (Available in San Benito County)	Employee	\$1,339.70	\$750	\$125.00	\$464.70	\$232.35
	Employee+ 1	\$2,679.40	\$1,250	\$250.00	\$1,179.40	\$589.70
	Family	\$3,483.22	\$1,515	\$333.34	\$1,634.88	\$817.44
Blue Shield Access+ HMO/EPO	Employee	\$1,076.84	\$750	\$125.00	\$201.84	\$100.92
	Employee+ 1	\$2,153.68	\$1,250	\$250.00	\$653.68	\$326.84
	Family	\$2,799.78	\$1,515	\$333.34	\$951.44	\$475.72
PERS Platinum PPO (Available in San Benito County)	Employee	\$1,314.27	\$750	\$125.00	\$439.27	\$219.64
	Employee+ 1	\$2,628.54	\$1,250	\$250.00	\$1,128.54	\$564.27
	Family	\$3,417.10	\$1,515	\$333.34	\$1,568.76	\$784.38
PERS Gold PPO *Limited Provider Network (Available in San Benito County)	Employee	\$914.82	\$750	\$125.00	\$39.82	\$19.91
	Employee+ 1	\$1,829.64	\$1,250	\$250.00	\$329.64	\$164.82
	Family	\$2,378.53	\$1,515	\$333.34	\$530.19	\$265.10
PORAC PPO *Safety Members Only (Available in San Benito County)	Employee	\$931.00	\$750	\$125.00	\$56.00	\$28.00
	Employee+ 1	\$2,117.00	\$1,250	\$250.00	\$617.00	\$308.50
	Family	\$2,651.00	\$1,515	\$333.34	\$802.66	\$401.33
UnitedHealthcare HMO	Employee	\$1,091.13	\$750	\$125.00	\$216.13	\$108.07
	Employee+ 1	\$2,182.26	\$1,250	\$250.00	\$682.26	\$341.13
	Family	\$2,836.94	\$1,515	\$333.34	\$988.60	\$494.30

Ancillary Contributions					BiWeekly Cost (24 Pay Period)
Active	Tier	Carrier Rates	County Contribution	Employee Share	Employee Share
Delta Dental (PRISM) PPO	Employee	\$46.90	\$30	\$16.90	\$8.45
	Employee+ 1	\$80.50	\$30	\$50.50	\$25.25
	Family	\$131.40	\$30	\$101.40	\$50.70
MES Vision (PRISM)	Employee	\$5.35	\$5.35	\$0.00	\$0.00
	Employee+ 1	\$10.70	\$5.35	\$5.35	\$2.68
	Family	\$13.80	\$5.35	\$8.45	\$4.23