



San Benito County

2025 Contribution Rate Sheet
Effective: January 1, 2025

All Groups

Region 1

Plan by Tier		Monthly Medical Contributions				BiWeekly Cost (24 Pay Period)
Active	Tier	Carrier Rates	County Contribution (2025 PEMHCA included)	HRA Contribution	Employee Share	Employee Share
Kaiser Permanente HMO	Employee	\$1,112.90	\$750	\$125.00	\$237.90	\$118.95
	Employee+ 1	\$2,225.80	\$1,250	\$250.00	\$725.80	\$362.90
	Family	\$2,893.54	\$1,515	\$333.34	\$1,045.20	\$522.60
Anthem Blue Cross Select HMO	Employee	\$1,256.65	\$750	\$125.00	\$381.65	\$190.83
	Employee+ 1	\$2,513.30	\$1,250	\$250.00	\$1,013.30	\$506.65
	Family	\$3,267.29	\$1,515	\$333.34	\$1,418.95	\$709.48
Anthem Blue Cross Traditional HMO <small>(Available in San Benito County)</small>	Employee	\$1,500.40	\$750	\$125.00	\$625.40	\$312.70
	Employee+ 1	\$3,000.80	\$1,250	\$250.00	\$1,500.80	\$750.40
	Family	\$3,901.04	\$1,515	\$333.34	\$2,052.70	\$1,026.35
Blue Shield Access+ HMO/EPO	Employee	\$1,170.17	\$750	\$125.00	\$295.17	\$147.59
	Employee+ 1	\$2,340.34	\$1,250	\$250.00	\$840.34	\$420.17
	Family	\$3,042.44	\$1,515	\$333.34	\$1,194.10	\$597.05
PERS Platinum PPO <small>(Available in San Benito County)</small>	Employee	\$1,476.10	\$750	\$125.00	\$601.10	\$300.55
	Employee+ 1	\$2,952.20	\$1,250	\$250.00	\$1,452.20	\$726.10
	Family	\$3,837.86	\$1,515	\$333.34	\$1,989.52	\$994.76
PERS Gold PPO <small>*Limited Provider Network (Available in San Benito County)</small>	Employee	\$1,013.70	\$750	\$125.00	\$138.70	\$69.35
	Employee+ 1	\$2,027.40	\$1,250	\$250.00	\$527.40	\$263.70
	Family	\$2,635.62	\$1,515	\$333.34	\$787.28	\$393.64
PORAC PPO <small>*Safety Members Only (Available in San Benito County)</small>	Employee	\$975.00	\$750	\$125.00	\$100.00	\$50.00
	Employee+ 1	\$2,218.00	\$1,250	\$250.00	\$718.00	\$359.00
	Family	\$2,777.00	\$1,515	\$333.34	\$928.66	\$464.33
UnitedHealthcare HMO	Employee	\$1,184.58	\$750	\$125.00	\$309.58	\$154.79
	Employee+ 1	\$2,369.16	\$1,250	\$250.00	\$869.16	\$434.58
	Family	\$3,079.91	\$1,515	\$333.34	\$1,231.57	\$615.79
Blue Shield Trio HMO	Employee	\$1,134.79	\$750	\$125.00	\$259.79	\$129.90
	Employee+ 1	\$2,269.58	\$1,250	\$250.00	\$769.58	\$384.79
	Family	\$2,950.45	\$1,515	\$333.34	\$1,102.11	\$551.06

Ancillary Contributions					BiWeekly Cost (24 Pay Period)
Active	Tier	Carrier Rates	County Contribution	Employee Share	Employee Share
Delta Dental (PRISM) PPO	Employee	\$45.70	\$30	\$15.70	\$7.85
	Employee+ 1	\$78.40	\$30	\$48.40	\$24.20
	Family	\$128.00	\$30	\$98.00	\$49.00
EyeMed 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