



**City of Tustin**  
**Health, Dental, and Vision Insurance Premium Rates**  
**Effective January 1, 2018**

**Health Insurance - Other Southern California Regions**

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, & Tulare Counties

Plan	Code	Employee Only		Employee + 1		Employee + 2	
		biweekly	monthly	biweekly	monthly	biweekly	monthly
Anthem Select (HMO)	478	\$304.47	\$659.69	\$608.94	\$1,319.38	\$791.63	\$1,715.19
Anthem Traditional (HMO)	407	\$339.27	\$735.08	\$678.54	\$1,470.16	\$882.10	\$1,911.21
Blue Shield Access+ (HMO)	142	\$321.22	\$695.97	\$642.43	\$1,391.94	\$835.16	\$1,809.52
Health Net Salud y Mas (HMO)	412	\$213.03	\$461.56	\$426.06	\$923.12	\$553.87	\$1,200.06
Health Net SmartCare (HMO)	414	\$280.47	\$607.68	\$560.94	\$1,215.36	\$729.22	\$1,579.97
Kaiser (HMO)	308	\$307.75	\$666.80	\$615.51	\$1,333.60	\$800.16	\$1,733.68
PERS Choice (PPO)	323	\$322.60	\$698.96	\$645.19	\$1,397.92	\$838.75	\$1,817.30
PERS Select (PPO/HPN)	082	\$302.19	\$654.74	\$604.38	\$1,309.48	\$785.69	\$1,702.32
PERS Care (PPO)	328	\$338.54	\$733.50	\$677.08	\$1,467.00	\$880.20	\$1,907.10
PORAC (PPO)	207	\$338.77	\$734.00	\$710.77	\$1,540.00	\$909.23	\$1,970.00
Sharp (HMO)	420	\$285.30	\$618.14	\$570.59	\$1,236.28	\$741.77	\$1,607.16
UnitedHealthcare (HMO)	432	\$284.61	\$616.66	\$569.22	\$1,233.32	\$739.99	\$1,603.32

**Health Insurance - Los Angeles Area Region**

Los Angeles, San Bernardino, & Ventura Counties

Plan	Code	Employee Only		Employee + 1		Employee + 2	
		biweekly	monthly	biweekly	monthly	biweekly	monthly
Anthem Select (HMO)	413	\$304.69	\$660.17	\$609.39	\$1,320.34	\$792.20	\$1,716.44
Anthem Traditional (HMO)	402	\$362.18	\$784.72	\$724.36	\$1,569.44	\$941.66	\$2,040.27
Blue Shield Access+ (HMO)	144	\$283.06	\$613.29	\$566.11	\$1,226.58	\$735.95	\$1,594.55
Health Net Salud y Mas (HMO)	443	\$186.61	\$404.32	\$373.22	\$808.64	\$485.18	\$1,051.23
Health Net SmartCare (HMO)	408	\$266.38	\$577.15	\$532.75	\$1,154.30	\$692.58	\$1,500.59
Kaiser (HMO)	306	\$296.63	\$642.70	\$593.26	\$1,285.40	\$771.24	\$1,671.02
PERS Choice (PPO)	321	\$286.33	\$620.39	\$572.67	\$1,240.78	\$744.47	\$1,613.01
PERS Select (PPO/HPN)	080	\$264.56	\$573.21	\$529.12	\$1,146.42	\$687.85	\$1,490.35
PERS Care (PPO)	326	\$310.95	\$673.73	\$621.90	\$1,347.46	\$808.48	\$1,751.70
PORAC (PPO)	207	\$338.77	\$734.00	\$710.77	\$1,540.00	\$909.23	\$1,970.00
UnitedHealthcare (HMO)	428	\$278.21	\$602.78	\$556.41	\$1,205.56	\$723.34	\$1,567.23

**Dental & Vision Insurance**

Plan	Code	Employee Only		Employee + 1		Employee + 2	
		biweekly	monthly	biweekly	monthly	biweekly	monthly
Delta Dental - PMI (HMO)	72012-0066	\$7.72	\$16.73	\$13.96	\$30.24	\$20.56	\$44.55
Delta Dental (PPO)	2826	\$20.30	\$43.98	\$40.62	\$88.00	\$51.12	\$110.76
Medical Eye Services (MES)	30928	\$3.86	\$8.36	\$7.72	\$16.72	\$10.03	\$21.74