



City of Tustin
Health, Dental, and Vision Insurance Premium Rates
Effective January 1, 2020

Health Insurance - Region 2
 Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, & Ventura Counties

Plan	Employee Only		Employee + 1		Employee + 2	
	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly
Anthem Select (HMO)	\$301.86	\$654.04	\$603.73	\$1,308.08	\$784.85	\$1,700.50
Anthem Traditional (HMO)	\$431.52	\$934.95	\$863.03	\$1,869.90	\$1,121.94	\$2,430.87
Blue Shield Access+ (HMO)	\$419.94	\$909.87	\$839.88	\$1,819.74	\$1,091.84	\$2,365.66
Health Net Salud y Mas (HMO)	\$200.83	\$435.14	\$401.67	\$870.28	\$522.17	\$1,131.36
Health Net SmartCare (HMO)	\$331.97	\$719.26	\$663.93	\$1,438.52	\$863.11	\$1,870.08
Kaiser (HMO)	\$297.80	\$645.24	\$595.61	\$1,290.48	\$774.29	\$1,677.62
PERS Choice (PPO)	\$339.82	\$736.28	\$679.64	\$1,472.56	\$883.54	\$1,914.33
PERS Select (PPO)	\$208.40	\$451.54	\$416.81	\$903.08	\$541.85	\$1,174.00
PERS Care (PPO)	\$455.38	\$986.66	\$910.76	\$1,973.32	\$1,183.99	\$2,565.32
PORAC (PPO)	\$345.69	\$749.00	\$691.85	\$1,499.00	\$904.62	\$1,960.00
Sharp (HMO) - SD Only	\$279.70	\$606.02	\$559.40	\$1,212.04	\$727.22	\$1,575.65
UnitedHealthcare (HMO)	\$309.97	\$671.60	\$619.94	\$1,343.20	\$805.92	\$1,746.16

Health Insurance - Region 3
 Los Angeles, Riverside, & San Bernardino Counties

Plan	Employee Only		Employee + 1		Employee + 2	
	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly
Anthem Select (HMO)	\$286.12	\$619.93	\$572.24	\$1,239.86	\$743.92	\$1,611.82
Anthem Traditional (HMO)	\$416.60	\$902.63	\$833.20	\$1,805.26	\$1,083.16	\$2,346.84
Blue Shield Access+ (HMO)	\$375.31	\$813.17	\$750.62	\$1,626.34	\$975.80	\$2,114.24
Blue Shield Trio (HMO) - LA Only	\$288.43	\$624.93	\$576.86	\$1,249.86	\$749.92	\$1,624.82
Health Net Salud y Mas (HMO)	\$181.07	\$392.31	\$362.13	\$784.62	\$470.77	\$1,020.01
Health Net SmartCare (HMO)	\$299.27	\$648.42	\$598.54	\$1,296.84	\$778.10	\$1,685.89
Kaiser (HMO)	\$306.64	\$664.39	\$613.28	\$1,328.78	\$797.27	\$1,727.41
PERS Choice (PPO)	\$327.83	\$710.29	\$655.65	\$1,420.58	\$852.35	\$1,846.75
PERS Select (PPO)	\$201.11	\$435.74	\$402.22	\$871.48	\$522.89	\$1,132.92
PERS Care (PPO)	\$429.75	\$931.12	\$859.50	\$1,862.24	\$1,117.34	\$2,420.91
PORAC (PPO)	\$322.62	\$699.00	\$645.69	\$1,399.00	\$874.15	\$1,894.00
UnitedHealthcare (HMO)	\$308.45	\$668.31	\$616.90	\$1,336.62	\$801.97	\$1,737.61

Dental & Vision Insurance

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