		2025 HEALTH INS	URANCE COSTS						
Appointed Depa	rtment Head		OE3	- Operating Engineers					
Assistant Department Head Attorney Unit Confidential Unit		Board Of Supervisors (elected/ reelected/ appointed after January 1, 2025)	OESC - All units Probation Sheriffs' Management Unit						
					Deputy Sheriffs'	Association			
					85%	County Contribution	15%	Employee Contribution based on Gold	
Employer contribu		CalPERS Monthly Premiu sion in the respective mem memorandums of u	orandum of understanding	025 g and may be subject to change when					
	Monthly Premium Amount	Monthly Employer Portion	Monthly Employee Portion	Employee Deductions – Bi Weekly (1st & 2nd Paycheck of the month)					
PLAN									
PERS GOLD									
Employee Only	\$1,013.70	\$861.65	\$152.06	\$76.03					
Employee + One	\$2,027.40	\$1,723.29	\$304.11	\$152.06					
Employee + Family	\$2,635.62	\$2,240.28	\$395.34	\$197.67					
Blue Shield of California (EPO)									
Employee Only	\$1,170.17	\$861.65	\$308.53	\$154.26					
Employee + One	\$2,340.34	\$1,723.29	\$617.05	\$308.53					
Employee + Family	\$3,042.44	\$2,240.28	\$802.16	\$401.08					
PERS PLATINUM									
Employee Only	\$1,476.10	\$861.65	\$614.46	\$307.23					
Employee + One	\$2,952.20	\$1,723.29	\$1,228.91	\$614.46					
Employee + Family	\$3,837.86	\$2,240.28	\$1,597.58	\$798.79					
PORAC (safety only)									
Employee Only	\$975.00	\$861.65	\$113.36	\$56.68					
Employee + One	\$2,218.00	\$1,723.29	\$494.71	\$247.36					
Employee + Family	\$2,777.00	\$2,240.28	\$536.72	\$268.36					

DENTAL AND VISION COVERAGE								
85%	Employer Contribution		15%	Employee Contribution				
PLAN	Monthly Premium Amount	Monthly Employer Portion	Monthly Employee Portion	Employee Deductions – Bi Weekly (1st & 2nd Paycheck of the month)				
DENTAL								
Employee Only	\$49.50	\$42.08	\$7.43	\$3.71				
Employee + One	\$59.40	\$50.49	\$8.91	\$4.46				
Employee + Family	\$82.50	\$70.13	\$12.38	\$6.19				

VISION COVERAGE							
PLAN	Monthly Premium Amount	Monthly Employer Portion	Monthly Employee Portion	Employee Deductions – Once a month			
VISION - FLAT RATE	\$9.50	\$9.50	\$0.00	\$0.00			