

2025 HEALTH INSURANCE COSTS				
Elected Department Heads				
90%	County Contribution based on Platinum		10%	Employee Contribution
For CalPERS Monthly Premiums Effective January 1, 2025 Employer contribution based on provision in the respective memorandum of understanding and may be subject to change when memorandums of understanding expire.				
	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	\$1,013.70	\$0.00	\$0.00
Employee + One	\$2,027.40	\$2,027.40	\$0.00	\$0.00
Employee + Family	\$2,635.62	\$2,635.62	\$0.00	\$0.00
Blue Shield of California (EPO)				
Employee Only	\$1,170.17	\$1,170.17	\$0.00	\$0.00
Employee + One	\$2,340.34	\$2,340.34	\$0.00	\$0.00
Employee + Family	\$3,042.44	\$3,042.44	\$0.00	\$0.00
PERS PLATINUM				
Employee Only	\$1,476.10	\$1,328.49	\$147.61	\$73.80
Employee + One	\$2,952.20	\$2,656.98	\$295.22	\$147.61
Employee + Family	\$3,837.86	\$3,454.07	\$383.79	\$191.89
PORAC (safety only)				
Employee Only	\$975.00	\$975.00	\$0.00	\$0.00
Employee + One	\$2,218.00	\$2,218.00	\$0.00	\$0.00
Employee + Family	\$2,777.00	\$2,777.00	\$0.00	\$0.00
DENTAL AND VISION COVERAGE				
95%	Employer Contribution		5%	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	\$47.03	\$2.48	\$1.24
Employee + One	\$59.40	\$56.43	\$2.97	\$1.49
Employee + Family	\$82.50	\$78.38	\$4.13	\$2.06
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