City of Tustin

Health, Dental, and Vision Insurance Premium Rates

Effective January 1, 2016

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	$292.96	$634.75	$585.92	$1,269.50	$761.70	$1,650.35
Anthem Traditional HMO	407	$328.06	$710.79	$656.11	$1,421.58	$852.95	$1,848.05
Blue Shield Access+ (HMO)	142	$302.25	$654.87	$604.50	$1,309.74	$785.84	$1,702.66
Blue Shield NetValue (HMO)	064	$307.55	$666.35	$615.09	$1,332.70	$799.62	$1,732.51
Health Net Salud y Mas (HMO)	412	$247.38	$535.98	$494.75	$1,071.96	$643.18	$1,393.55
Health Net SmartCare (HMO)	414	$275.53	$596.98	$551.06	$1,193.96	$716.38	$1,552.15
Kaiser (HMO)	308	$279.25	$605.05	$558.51	$1,210.10	$726.06	$1,573.13
PERS Choice (PPO)	323	$315.56	$683.71	$631.12	$1,367.42	$820.45	$1,777.65
PERS Select (PPO/HPN)	082	$288.55	$625.20	$577.11	$1,250.40	$750.24	$1,625.52
PERS Care (PPO)	328	$351.46	$761.50	$702.92	$1,523.00	$913.80	$1,979.90
PORAC (PPO)	207	$322.62	$699.00	$645.69	$1,399.00	$825.69	$1,789.00
Sharp (HMO)	420	$259.08	$561.34	$518.16	$1,122.68	$673.61	$1,459.48
UnitedHealthcare (HMO)	432	$228.00	$493.99	$455.99	$987.98	$592.79	$1,284.37

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	$250.83	$543.47	$501.66	$1,086.94	$652.16	$1,413.02
Anthem Traditional HMO	402	$281.83	$610.64	$563.67	$1,221.28	$732.77	$1,587.66
Blue Shield Access+ (HMO)	144	$261.48	$566.53	$522.95	$1,133.06	$679.84	$1,472.98
Blue Shield NetValue (HMO)	062	$266.06	$576.46	$532.12	$1,152.92	$691.75	$1,498.80
Health Net Salud y Mas (HMO)	443	$215.13	$466.11	$430.26	$932.22	$559.33	$1,211.89
Health Net SmartCare (HMO)	408	$270.18	$585.39	$540.36	$1,170.78	$702.47	$1,522.01
Kaiser (HMO)	306	$251.00	$543.83	$502.00	$1,087.66	$652.60	$1,413.96
PERS Choice (PPO)	321	$276.35	$598.75	$552.69	$1,197.50	$718.50	$1,556.75
PERS Select (PPO/HPN)	080	$252.72	$547.55	$505.43	$1,095.10	$657.06	$1,423.63
PERS Care (PPO)	326	$307.80	$666.91	$615.61	$1,333.82	$800.29	$1,733.97
PORAC (PPO)	207	$322.62	$699.00	$645.69	$1,399.00	$825.69	$1,789.00
UnitedHealthcare (HMO)	428	$227.19	$492.24	$454.38	$984.48	$590.69	$1,279.82

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