



## City of Richmond 2024 Employee Medical Cost

**[Region 1 Premiums](#)** - View rates for Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba. **Note:** not all plans available in all Counties. To find CalPERS health plans available in your area: [Health Plan Search by Zip Code](#).

For each plan, to view the Summary of Benefits and Coverage, click the SOB link; to view the Evidence of Coverage document click the EOC link

Health Plans	Single* Employee Contribution	2-Party* Employee Contribution	Family* Employee Contribution
Anthem Blue Cross Del Norte EPO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$292.86	\$585.72	\$761.43
Anthem Blue Cross Select HMO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$117.45	\$234.90	\$305.37
Anthem Blue Cross Traditional HMO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$318.29	\$636.58	\$827.55
Blue Shield Access+ HMO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$55.43	\$110.86	\$144.11
Blue Shield Access+ EPO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$55.43	\$110.86	\$144.11
Blue Shield Access+ Trio [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	NO COST	NO COST	NO COST
Kaiser Permanente HMO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	NO COST	NO COST	NO COST
PERS Gold PPO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	NO COST	NO COST	NO COST
PERS Platinum PPO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$292.86	\$585.72	\$761.43
PORAC PPO <i>Sworn - Police Only</i> [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	NO COST	\$74.18	NO COST
United Health Care Signature Value Alliance [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	\$69.72	\$139.44	\$181.27
United Health Care Signature Value Harmony [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	NO COST	NO COST	NO COST
Western Health Advantage HMO [ <a href="#">SOB</a>   <a href="#">EOC</a> ]	NO COST	NO COST	NO COST

\*Employees covered under **Fire (IAFF and RFMA)** group, contribute an additional \$125 a month regardless of what medical plan they are enrolled in.

\*Employees covered under **Management/ Executive Management (IFPTE)** group, contribute an additional \$50 a month regardless of what medical plan they are enrolled in.

**Example: Employee in the Management group is enrolled in the Kaiser Family plan. Employee's out of pocket cost is \$50 per month.**