

**2025 Monthly Employee Health Contributions**

Full Time Employees (0.80 - 1.0 FTE)

Full Time and Part-Time Employees in Units H (0.50 - 1.0 FTE)

Supervisory (F), Healthcare (H)  
 General (J), Social Services (K), BOS Admin (P)  
 Resident Physicians (R), Confidential (ZJ & ZF)

Region 1 (Only plans available to Monterey County residents are listed)										
	PERS Gold PPO		PERS Platinum PPO		Anthem Select HMO		Blue Shield Trio HMO		Kaiser HMO	
	Current	*Proposed	Current	*Proposed	Current	*Proposed	Current	*Proposed	Current	*Proposed
Employee Only	62.86	-74.30	410.09	341.47	305.81	168.65	183.95	46.79	162.06	24.90
Employee +1 Dependent	201.72	-130.60	890.18	676.64	687.62	355.30	443.9	111.58	400.12	67.80
Family Coverage	287.44	-172.38	1180.63	877.74	919.11	459.29	602.27	142.45	545.36	85.54

Basic Plan Comparison***					
In Network	3,000/6,000	2,000/4,000	1,500/3,000	1,500/3,000	1,500/3,000
Out of Pocket limit					
In Network Deductible	1000/2000*	500/1000	None	None	None
Out of Network Deductible	2500/5000	2000/4000	No Coverage	No Coverage	No Coverage
Office visit (PCP)	\$10.00	\$20.00	\$15.00	\$15.00	\$15.00
Office visit (Specialist & Urgent Care)	\$35.00	\$35.00	\$15.00	\$15.00	\$15.00
In-Network Coinsurance	20%	10%	None	None	None
Out of Network Coinsurance	40%	40%	No Coverage	No Coverage	No Coverage

	Monterey County Dental Plan BRMS	Monterey County Vision Plan VSP
Employee Only	\$0.00	0.00
Employee +1 Dependent	\$35.02	4.01
Family Coverage	\$86.04	12.57

\*\*\*Basic Plan Comparison is based on the 2025 CalPERS Health Benefit Summary. For complete information refer to the plan Evidence of Coverage. \*Incentives available to reduce deductible. The information in this worksheet is subject to change if errors in calculations or if PPPR or MOU interpretation are determined to have occurred or if other issues arise that would affect the numbers contained herein. Health insurance premiums are deducted on the second paycheck of the month. **A negative amount represents credit balance which can be used to purchase dental and vision coverage. Any remaining credit is forfeited. Employee health plan rates are calculated based on a County contribution amount in accordance with current Memorandum of Understanding between the County and the Associations and any current proposed contributions.** \*Proposed = Subject to ratification of tentative agreement.

