

YOUR COUNTY OF RIVERSIDE BENEFITS

MEDICAL PLAN ELIGIBILITY

Eligible for County Medical Plans

Elected Officials	Confidential Employees
SEIU Represented Employees	Unrepresented Employees
LIUNA Represented Employees	Resident Physicians
Management Employees	

COUNTY PLANS – MEDICAL

	Monthly	Semimonthly
County Medical Plans		
Exclusive Care EPO		
Single	\$576.66	\$288.33
Two-Party	\$1,166.48	\$583.24
Family	\$1,464.80	\$732.40
United Healthcare HMO		
Single	\$823.00	\$411.50
Two-Party	\$1,673.66	\$836.83
Family	\$2,171.54	\$1,085.77
Kaiser Permanente HMO		
Single	\$667.66	\$333.83
Two-Party	\$1,327.16	\$663.58
Family	\$1,725.18	\$862.59
United Healthcare PPO		
Single	\$1,452.18	\$726.09
Two-Party	\$2,882.18	\$1,441.09
Family	\$3,740.56	\$1,870.28

COUNTY PLANS – DENTAL

	Monthly	Semimonthly
Local Advantage – Plus		
Single	\$40.14	\$20.07
Two-Party	\$77.92	\$38.96
Family	\$114.42	\$57.21
Local Advantage – Blythe		
Single	\$29.22	\$14.61
Two-Party	\$51.26	\$25.63
Family	\$77.46	\$38.73
DeltaCare USA DHMO – High Option Plan (10A)		
Single	\$22.84	\$11.42
Two-Party	\$33.80	\$16.90
Family	\$52.00	\$26.00
Delta Dental PPO		
Single	\$43.58	\$21.79
Two-Party	\$78.02	\$39.01
Family	\$113.68	\$56.84

COUNTY PLANS – VISION

	Monthly	Semimonthly
Medical Eye Services Plan 1		
Single	\$9.24	\$4.62
Two-Party	\$13.96	\$6.98
Family	\$18.88	\$9.44
Medical Eye Services Plan 2		
Single	\$7.80	\$3.90
Two-Party	\$12.42	\$6.21
Family	\$17.14	\$8.57

MEDICAL PLAN ELIGIBILITY

Eligible for CalPERS Medical Plans

DDAA, LEMU and RSA Public Safety

PLAN COSTS FOR 2018*

Monthly Semimonthly

CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego and Imperial Counties)

Anthem Select HMO

Single	\$659.70	\$329.85
Two-Party	\$1,319.38	\$659.69
Family	\$1,715.20	\$857.60

Anthem Traditional HMO

Single	\$735.08	\$367.54
Two-Party	\$1,470.16	\$735.08
Family	\$1,911.22	\$955.61

Blue Shield Access+ HMO

Single	\$695.98	\$347.99
Two-Party	\$1,391.94	\$695.97
Family	\$1,809.52	\$904.76

Health Net Salud y Mas

Single	\$461.56	\$230.78
Two-Party	\$923.12	\$461.56
Family	\$1,200.06	\$600.03

Health Net SmartCare

Single	\$607.68	\$303.84
Two-Party	\$1,215.36	\$607.68
Family	\$1,579.98	\$789.99

Kaiser Permanente

Single	\$666.80	\$333.40
Two-Party	\$1,333.60	\$666.80
Family	\$1,733.68	\$866.84

PERSCare

Single	\$733.50	\$366.75
Two-Party	\$1,467.00	\$733.50
Family	\$1,907.10	\$953.55

PERS Choice

Single	\$698.96	\$349.48
Two-Party	\$1,397.92	\$698.96
Family	\$1,817.30	\$908.65

PLAN COSTS FOR 2018*

Monthly Semimonthly

CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)

Anthem Select HMO

Single	\$660.18	\$330.09
Two-Party	\$1,320.34	\$660.17
Family	\$1,716.44	\$858.22

Anthem Traditional HMO

Single	\$784.72	\$392.36
Two-Party	\$1,569.44	\$784.72
Family	\$2,040.28	\$1,020.14

Blue Shield Access+ HMO

Single	\$613.30	\$306.65
Two-Party	\$1,226.58	\$613.29
Family	\$1,594.56	\$797.28

Health Net Salud y Mas

Single	\$404.32	\$202.16
Two-Party	\$808.64	\$404.32
Family	\$1,051.24	\$525.62

Health Net SmartCare

Single	\$577.16	\$288.58
Two-Party	\$1,154.30	\$577.15
Family	\$1,500.60	\$750.30

Kaiser Permanente

Single	\$642.70	\$321.35
Two-Party	\$1,285.40	\$642.70
Family	\$1,671.02	\$835.51

PERSCare

Single	\$673.74	\$336.87
Two-Party	\$1,347.46	\$673.73
Family	\$1,751.70	\$875.85

PERS Choice

Single	\$620.40	\$310.20
Two-Party	\$1,240.78	\$620.39
Family	\$1,613.02	\$806.51



YOUR COUNTY OF RIVERSIDE BENEFITS

PLAN COSTS FOR 2018*

	Monthly	Semimonthly
CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego and Imperial Counties)		
PERS Select		
Single	\$654.74	\$327.37
Two-Party	\$1,309.48	\$654.74
Family	\$1,702.32	\$851.16
PORAC		
Single	\$734.00	\$367.00
Two-Party	\$1,540.00	\$770.00
Family	\$1,970.00	\$985.00
Sharp		
Single	\$618.14	\$309.07
Two-Party	\$1,236.28	\$618.14
Family	\$1,607.16	\$803.58
UnitedHealthcare		
Single	\$616.66	\$308.33
Two-Party	\$1,233.32	\$616.66
Family	\$1,603.32	\$801.66

PLAN COSTS FOR 2018*

	Monthly	Semimonthly
CalPERS Medical Plans – Out-of-State Region (Residents Outside California)		
Blue Shield Access+ HMO Not Available		
PERS Select Not Available		
Kaiser Permanente		
Single	\$957.06	\$478.53
Two-Party	\$1,914.10	\$957.05
Family	\$2,488.34	\$1,244.17
PERSCare		
Single	\$718.98	\$359.49
Two-Party	\$1,437.96	\$718.98
Family	\$1,869.36	\$934.68
PERS Choice		
Single	\$661.46	\$330.73
Two-Party	\$1,322.90	\$661.45
Family	\$1,719.78	\$859.89
PORAC		
Single	\$734.00	\$367.00
Two-Party	\$1,540.00	\$770.00
Family	\$1,970.00	\$985.00

PLAN COSTS FOR 2018*

	Monthly	Semimonthly
Exclusive Care Medical Plans – CalPERS Employees in ALL Regions		
Exclusive Care EPO		
Single	\$576.66	\$288.33
Two-Party	\$1,166.48	\$583.24
Family	\$1,464.80	\$732.40

PLAN COSTS FOR 2018*

	Monthly	Semimonthly
CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)		
PERS Select		
Single	\$573.22	\$286.61
Two-Party	\$1,146.42	\$573.21
Family	\$1,490.36	\$745.18
PORAC		
Single	\$734.00	\$367.00
Two-Party	\$1,540.00	\$770.00
Family	\$1,970.00	\$985.00
UnitedHealthcare		
Single	\$602.78	\$301.39
Two-Party	\$1,205.56	\$602.78
Family	\$1,567.24	\$783.62

* Some rates were rounded to the next even number for even semimonthly premium deductions.

REMEMBER, ALL ENROLLMENT FORMS—INCLUDING YOUR CALPERS HEALTH BENEFIT PLAN ENROLLMENT FORM (PERS-HBD-12)—MUST BE COMPLETED AND RETURNED TO YOUR DEPARTMENT REPRESENTATIVE NO LATER THAN SEPTEMBER 29, 2017.