

**CalPERS Health Plan Rates 2026**

**Effective: 01/01/26 - 12/31/26**

**\*\*Bi-Weekly & Monthly Cost\*\***

SEIU FT

PLAN Region 2	Plan Code	Employee Only Premium	Your Mnthly Cost (after MEC & Contribution)	Your bi-weekly cost	Plan Code	Employee + 1 Dependent	Your Mnthly Cost (after MEC & Contribution)	Your bi-weekly cost	Plan Code	Employee + 2 Dependents	Your Mnthly Cost (after MEC & Contribution)	Your bi-weekly cost
Anthem Traditional HMO	4071	1,158.26	201.98	\$ 100.99	4072	2,316.52	403.96	\$ 201.98	4073	3,011.48	525.15	\$ 262.58
Blue Shield Access	3041	1,052.89	96.61	\$ 48.31	3042	2,105.78	193.22	\$ 96.61	3043	2,737.51	251.18	\$ 125.59
PERS Gold	6141	956.28	-	\$ -	6142	1,912.56	-	\$ -	6143	2,486.33	-	\$ -
PERS Platinum	6021	1,426.24	469.96	\$ 234.98	6022	2,852.48	939.92	\$ 469.96	6023	3,708.22	1,221.89	\$ 610.95
PORAC*	2071	1,057.00	100.72	\$ 50.36	2072	2,127.00	214.44	\$ 107.22	2073	2,708.00	221.67	\$ 110.84

\* Association Plan

Please note, the rates listed above are for "Region 2" as defined by CalPERS. Included in this area are both Santa Barbara and San Luis Obispo Counties, however, if you live elsewhere, your rates may vary. Please visit the CalPERS website for more information.

The Minimum Employer Contribution (MEC) is only applicable toward City-sponsored health plans. The MEC for 2026 is anticipated to be:

**\$162.00**

In addition to the aforementioned MEC amount, the following are the current optional monthly health insurance contributions afforded to employees. These contributions may change based on negotiations or established provisions in the MOU.

OPTIONAL HEALTH INSURANCE CONTRIBUTION	
Full-Time Employee	
Employee Only	\$ 794.28
Employee +1	\$ 1,750.56
Employee +2	\$ 2,324.33
Cash-in-lieu Option (No MEC)*	\$ 405.00

\*Employees hired after February 4, 2017 are not eligible to receive 'Cash-in-lieu' option.

Evidence of health insurance coverage will be required for those employees who elect not to use City sponsored health insurance and receive the 'cash-in-lieu' option. These employees must provide evidence of insurance and sign form HBD-12 declaring that they have other health insurance coverage. The HBD-12 form can be found on the City Intranet.

Dental Monthly Premium (Standard Ins Co)		
	Your Cost	City Cost
Employee Only	\$ -	47.84
Employee & Family	\$ 36.54	84.38

Vision Monthly Premium (VSP)		
	Your Cost	City Cost
Employee Only	\$ 8.54	-
Employee + 1	\$ 13.25	-
Employee + 2	\$ 21.02	-