

**City of Loma Linda**  
**2022 CalPERS Health Insurance Options**  
**Region 3 (Los Angeles, Riverside San Bernardino Counties)**

	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + Family</b>
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Anthem Blue Cross Select</b>	\$676.48	\$1,352.96	\$1,758.85
Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Monthly Cafeteria Plan Payout	\$1,165.87	\$489.39	\$83.50
Semi Monthly Cafeteria Plan Payout	\$582.94	\$244.70	\$41.75
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Anthem Blue Cross Traditional</b>	\$935.57	\$1,871.14	\$2,432.48
Monthly Employee Contribution	\$0.00	\$28.79	\$590.13
Semi Monthly Employee Contribution	\$0.00	\$14.40	\$295.07
Monthly Cafeteria Plan Payout	\$906.78		
Semi Monthly Cafeteria Plan Payout	\$453.39		
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Blue Shield Access+</b>	\$779.87	\$1,559.74	\$2,027.66
Monthly Employee Contribution	\$0.00	\$0.00	\$185.31
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$92.66
Monthly Cafeteria Plan Payout	\$1,062.48	\$282.61	
Semi Monthly Cafeteria Plan Payout	\$531.24	\$141.31	
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Blue Shield Trio</b>	\$668.13	\$1,336.26	\$1,737.14
Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Monthly Cafeteria Plan Payout	\$1,174.22	\$506.09	\$105.21
Semi Monthly Cafeteria Plan Payout	\$587.11	\$253.05	\$52.61
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Health Net Salud y Mas</b>	\$463.87	\$927.74	\$1,206.06
Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Monthly Cafeteria Plan Payout	\$1,378.48	\$914.61	\$636.29
Semi Monthly Cafeteria Plan Payout	\$689.24	\$457.31	\$318.14
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Health Net Smart Care</b>	\$764.96	\$1,529.92	\$1,988.90
Monthly Employee Contribution	\$0.00	\$0.00	\$146.55
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$73.28
Monthly Cafeteria Plan Payout	\$1,077.39	\$312.43	
Semi Monthly Cafeteria Plan Payout	\$538.70	\$156.22	

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City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>Kaiser Permanente</b>	\$719.78	\$1,439.56	\$1,871.43
Monthly Employee Contribution	\$0.00	\$0.00	\$29.08
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$14.54
Monthly Cafeteria Plan Payout	\$1,122.57	\$402.79	
Semi Monthly Cafeteria Plan Payout	\$561.29	\$201.40	
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>United Healthcare</b>	\$771.85	\$1,543.70	\$2,006.81
Monthly Employee Contribution	\$0.00	\$0.00	\$164.46
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$82.23
Monthly Cafeteria Plan Payout	\$1,070.50	\$298.65	
Semi Monthly Cafeteria Plan Payout	\$535.25	\$149.33	
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>United Healthcare Signature Harmony</b>	\$714.28	\$1,428.56	\$1,857.13
Monthly Employee Contribution	\$0.00	\$0.00	\$14.78
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$7.39
Monthly Cafeteria Plan Payout	\$1,128.07	\$413.79	
Semi Monthly Cafeteria Plan Payout	\$564.04	\$206.90	
<b>PPO OPTIONS</b>			
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>PERS Gold</b>	\$575.56	\$1,151.12	\$1,496.46
Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$0.00
Monthly Cafeteria Plan Payout	\$1,266.79	\$691.23	\$345.89
Semi Monthly Cafeteria Plan Payout	\$633.40	\$345.62	\$172.95
City Contribution	\$1,842.35	\$1,842.35	\$1,842.35
<b>PERS Platinum</b>	\$863.37	\$1,726.74	\$2,244.76
Monthly Employee Contribution	\$0.00	\$0.00	\$402.41
Semi Monthly Employee Contribution	\$0.00	\$0.00	\$201.21
Monthly Cafeteria Plan Payout	\$978.98	\$115.61	
Semi Monthly Cafeteria Plan Payout	\$489.49	\$57.80	

Waiver of Medical	\$ 1,842.35	Monthly
	\$ 921.18	Semi-Monthly

**PERS Care & PERS Choice members will need to transition to PERS Platinum.**  
**PERS Select members will need to transition to PERS Gold.**