# 2026 FLEXIBLE BENEFITS PROGRAM

## Plan Rates & Flex Cash for Unrepresented, Management & Commissioners

### 2026 Biweekly Plan Costs

| **CalPERS Health Plans*** | | | |
|---|---|---|---|
| **Employee must live or work in a Zip Code covered by the selected plan.* | | | |
| **Region 2 Rates** (Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura) | **Employee** | **Employee + 1** | **Employee + 2** |
| Anthem Blue Cross Select HMO | $469.07 | $938.14 | $1,219.58 |
| Anthem Blue Cross Traditional HMO | $534.58 | $1,069.16 | $1,389.91 |
| Blue Shield Access + HMO | $485.95 | $971.90 | $1,263.47 |
| *Blue Shield Access + EPO*** | *$485.95* | *$971.90* | *$1,263.47* |
| Blue Shield Trio HMO | $432.27 | $864.54 | $1,123.90 |
| Kaiser Permanente HMO | $455.86 | $911.71 | $1,185.23 |
| United Healthcare Signature Value Alliance HMO | $438.92 | $877.84 | $1,141.19 |
| *Health Net Salud y Más HMO*** | *$405.96* | *$811.91* | *$1,055.48* |
| *Sharp Performance Plus HMO*** | *$422.86* | *$845.72* | *$1,099.44* |
| *UnitedHealthcare Signature Value Harmony HMO*** | *$395.60* | *$791.21* | *$1,028.57* |
| PERS Gold PPO | $441.36 | $882.72 | $1,147.54 |
| PERS Platinum PPO | $658.26 | $1,316.53 | $1,711.49 |
| **Region 3 Rates** (Los Angeles, San Bernardino and Riverside) | **Employee** | **Employee + 1** | **Employee + 2** |
| Anthem Blue Cross Select HMO | $444.31 | $888.63 | $1,155.22 |
| Anthem Blue Cross Traditional HMO | $520.86 | $1,041.72 | $1,354.24 |
| Blue Shield Access + HMO | $423.65 | $847.30 | $1,101.49 |
| Blue Shield Trio HMO | $393.49 | $786.98 | $1,023.07 |
| Kaiser Permanente HMO | $447.25 | $894.51 | $1,162.86 |
| United Healthcare Signature Value Alliance HMO | $401.89 | $803.78 | $1,044.91 |
| Health Net Salud y Más HMO | $341.59 | $683.18 | $888.13 |
| UnitedHealthcare Signature Value Harmony HMO | $353.31 | $706.62 | $918.61 |
| PERS Gold PPO | $443.09 | $886.18 | $1,152.04 |
| PERS Platinum PPO | $660.84 | $1,321.67 | $1,718.17 |
| 🦷 **Dental and Vision Plans** 🕶️ | **Employee** | **Employee + 1** | **Employee + 2** |
| MetLife Dental | $19.90 | $42.24 | $57.36 |
| EyeMed | $2.01 | $3.62 | $5.19 |

### Unrepresented, Management & Commissioners 2026 Biweekly Flex Cash 💰

When you enroll, you are given Flex Cash that you can use to purchase the benefits you wish. Your Flex Cash amount is negotiated by the Bargaining Unit that represents your job classification.

| **Flex Cash** | |
|---|---|
| Full-time | Part-time |
| $1187.00 | $1,069.00 |
| **Opt-Out Allowance**<br>The opt-out allowance is based on the Employee Only flex cash ($1,187.00/$1,069.00) and the lowest costing health plan in **Region 2** ($395.60) | |
| Full-time | Part-time |
| $791.40 | $673.40 |

- Full Time: A regular work schedule of at least 60 hours per biweekly pay period
- Part Time: A regular work schedule of at least 40 hours per biweekly pay period

** *Plans not available in Ventura County*