

2019
City of Garden Grove
Monthly Medical Allocations

Bargaining Group	Employee Only	Employee & One Dependent	Employee & Full Family	Waiver of Coverage
Employees' Association	655.00	1,120.00	1,400.00	205.00
Employees' League	655.00	1,120.00	1,400.00	205.00
Mid & Central Management (includes Council members)	655.00	1,120.00	1,400.00	205.00
Firefighters Association	655.00	1,120.00	1,400.00	205.00
Fire Management Association	655.00	1,120.00	1,400.00	205.00
Police Association	655.00	1,120.00	1,400.00	205.00
Police Management	655.00	1,120.00	1,400.00	205.00
Part-time Benefited	136.00	136.00	136.00	0.00

Monthly Medical Premiums

Plan Name	Southern Region	
	Plan Code	Active
Anthem HMO Select (HMO)	4781	625.07
	4782	1,250.14
	4783	1,625.18
Anthem HMO Traditional (HMO)	4071	830.89
	4072	1,661.78
	4073	2,160.31
Blue Shield Access + (HMO)	1421	760.04
	1422	1,520.08
	1423	1,976.10
Health Net Salud y Más (HMO)	4121	427.81
	4122	855.62
	4123	1,112.31
Health Net SmartCare (HMO)	4141	642.71
	4142	1,285.42
	4143	1,671.05
Kaiser Permanente (HMO)	3081	628.63
	3082	1,257.26
	3083	1,634.44
Sharp Performance Plus (HMO)	4201	593.66
	4202	1,187.32
	4203	1,543.52
United Healthcare SignatureValue Alliance (HMO)	4321	646.65
	4322	1,293.30
	4323	1,681.29
PERS Care (PPO)	3281	907.29
	3282	1,814.58
	3283	2,358.95
PERS Choice (PPO)	3231	721.11
	3232	1,442.22
	3233	1,874.89
PERS Select (PPO)	0821	462.71
	0822	925.42
	0823	1,203.05
PORAC (PPO)	2071	774.00
	2072	1,623.00
	2073	2,076.00

Los Angeles Region	
Plan Code	Active
4131	627.07
4132	1,254.14
4133	1,630.38
4021	878.48
4022	1,756.96
4023	2,284.05
1441	669.75
1442	1,339.50
1443	1,741.35
4431	356.50
4432	713.00
4433	926.90
4081	584.27
4082	1,168.54
4083	1,519.10
3061	618.64
3062	1,237.28
3063	1,608.46
This plan is unavailable in Los Angeles region.	
4281	669.61
4282	1,339.22
4283	1,740.99
3261	843.78
3262	1,687.56
3263	2,193.83
3211	654.50
3212	1,309.00
3213	1,701.70
0801	420.77
0802	841.54
0803	1,094.00
2071	774.00
2072	1,623.00
2073	2,076.00

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Monthly Dental Premiums

Plan Name	Plan Code	Active
Delta Preferred (PPO)	DD0	55.96
	DD2	108.59
DeltaCare USA (HMO)	DC0	16.73
	DC2	39.92

Prices are the same regardless of which county you live in. Coverage is not available outside of CA.

Monthly Vision Premiums

Plan Name	Plan Code	Active
VSP	VSP0	15.56
	VSP2	34.73

Prices are the same regardless of which county you live in.