

2024
City of Garden Grove
Monthly Medical Allocations

Bargaining Group	Employee Only	Employee & One Dependent	Employee & Full Family	Waiver of Coverage
Employees' Association (E)	1,005.00	1,545.00	1,900.00	455.00
Employees' League (U)	1,005.00	1,545.00	1,900.00	455.00
Mid-management (M)	1,005.00	1,545.00	1,900.00	455.00
Central Management (C)	1,005.00	1,545.00	1,900.00	455.00
Police Association (P)	1,005.00	1,545.00	1,900.00	455.00
Police Management (Q)	1,005.00	1,545.00	1,900.00	455.00
Police Recruits (OR)	1,005.00	1,005.00	1,005.00	0.00
Part-time Benefited (O)	157.00	157.00	157.00	0.00
City Council (A)	1,005.00	1,545.00	1,900.00	0.00

Monthly Medical Premiums

Region 2: Orange, Tulare, and Ventura counties

Region 3: Los Angeles, Riverside, and San Bernardino counties

Plan Name	Region 2	
	Plan Code	Active
Anthem HMO Select (HMO)	5071	807.71
	5072	1,615.42
	5073	2,100.05
Anthem HMO Traditional (HMO)	5101	1,034.38
	5102	2,068.76
	5103	2,689.39
Blue Shield Access + (HMO)	5261	869.14
	5262	1,738.28
	5263	2,259.76
Blue Shield Trio (HMO)	0881	810.24
	0882	1,620.48
	0883	2,106.62
Health Net Salud y Más (HMO)	5311	684.77
	5312	1,369.54
	5313	1,780.40
Kaiser Permanente (HMO)	5341	904.95
	5342	1,809.90
	5343	2,352.87
Sharp Performance Plus (HMO)	5751	833.24
	5752	1,666.48
	5753	2,166.42
United Healthcare SignatureValue Alliance (HMO)	5771	837.88
	5772	1,675.76
	5773	2,178.49
United Healthcare SignatureValue Harmony (HMO)	3991	792.65
	3992	1,585.30
	3993	2,060.89
PERS Gold (PPO)	6141	799.44
	6142	1,598.88
	6143	2,078.54
PERS Platinum (PPO)	6021	1,151.50
	6022	2,303.00
	6023	2,993.90
PORAC (PPO)	5931	926.00
	5932	1,863.00
	5933	2,371.00

Region 3	
Plan Code	Active
5081	841.13
5082	1,682.26
5083	2,186.94
5111	1,012.67
5112	2,025.34
5113	2,632.94
5271	756.65
5272	1,513.30
5273	1,967.29
4521	704.69
4522	1,409.38
4523	1,832.19
5321	630.13
5322	1,260.26
5323	1,638.34
5351	865.41
5352	1,730.82
5353	2,250.07
This plan is unavailable in Region 3.	
5781	826.44
5782	1,652.88
5783	2,148.74
4751	734.76
4752	1,469.52
4753	1,910.38
6151	785.28
6152	1,570.56
6153	2,041.73
6031	1,131.47
6032	2,262.94
6033	2,941.82
5941	926.00
5942	1,863.00
5943	2,371.00

Note: Plans ending in "1" = "Employee Only", ending in "2" = "Employee + 1 dependent", & ending in "3" = "Full Family"

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Monthly Dental Premiums

Plan Name	Plan Code	Active
Delta Preferred (PPO)	DD0	50.25
	DD2	97.52
DeltaCare (HMO) Full-time Employee Rates	DC0	17.34
	DC2	38.05
DeltaCare (HMO) Part-time Employee Rates	DC0	15.89
	DC2	37.92

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	15.75
	VSP2	35.15

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