2026
City of Garden Grove
Monthly Medical Allocations

Bargaining Group	Employee Only	Employee & One Dependent	Employee & Full Family	Waiver of Coverage
Employees' Association (E)	1,125.00	1,720.00	2,150.00	455.00
Employees' League (U)	1,125.00	1,720.00	2,150.00	455.00
Mid-management (M)	1,125.00	1,720.00	2,150.00	455.00
Central Management (C)	1,125.00	1,720.00	2,150.00	455.00
Police Association (P)	1,125.00	1,720.00	2,150.00	455.00
Police Management (Q)	1,125.00	1,720.00	2,150.00	455.00
Police Recruits (OR)	1,125.00	1,125.00	1,125.00	0.00
Part-time Benefited (O)	162.00	162.00	162.00	0.00
City Council (A)	1,125.00	1,720.00	2,150.00	0.00

Monthly Medical Premiums

Region 2: Orange, Tulare, and Ventura counties

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

	Region 2		Region 3	
Plan Name	Plan Code	Active	Plan Code	Active
Anthem HMO Select (HMO)	5071	1,016.32	5081	962.68
	5072	2,032.64	5082	1,925.36
	5073	2,642.43	5083	2,502.97
Anthem HMO Traditional (HMO)	5101	1,158.26	5111	1,128.53
	5102	2,316.52	5112	2,257.06
	5103	3,011.48	5113	2,934.18
Blue Shield Access + (HMO)	5261	1,052.89	5271	917.91
	5262	2,105.78	5272	1,835.82
	5263	2,737.51	5273	2,386.57
Blue Shield Trio (HMO)	0881	936.58	4521	852.56
	0882	1,873.16	4522	1,705.12
	0883	2,435.11	4523	2,216.66
Health Net Salud y Más (HMO)	5311	879.57	5321	740.11
	5312	1,759.14	5322	1,480.22
	5313	2,286.88	5323	1,924.29
Kaiser Permanente (HMO)	5341	987.69	5351	969.05
	5342	1,975.38	5352	1,938.10
	5343	2,567.99	5353	2,519.53
Sharp Performance Plus (HMO)	5751	916.20	This plan is unavailable in Region 3.	
	5752	1,832.40		
	5753	2,382.12		
United Healthcare SignatureValue Alliance (HMO)	5771	950.99	5781	870.76
	5772	1,901.98	5782	1,741.52
	5773	2,472.57	5783	2,263.98
United Healthcare SignatureValue Harmony (HMO)	3991	857.14	4751	765.51
	3992	1,714.28	4752	1,531.02
	3993	2,228.56	4753	1,990.33
PERS Gold (PPO)	6491	956.28	6501	960.03
	6492	1,912.56	6502	1,920.06
	6493	2,486.33	6503	2,496.08
PERS Platinum (PPO)	6581	1,426.24	6591	1,431.81
	6582	2,852.48	6592	2,863.62
	6583	3,708.22	6593	3,722.71
PORAC (PPO)	5931	1,057.00	5941	1,057.00
	5932	2,127.00	5942	2,127.00
	5933	2,708.00	5943	2,708.00

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

2026
City of Garden Grove
Monthly Dental Premiums

Plan Name	Plan Code	Active
Delta Preferred (PPO)	DD0	52.51
	DD2	101.91
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	16.22
	VSP2	36.20

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