

Monthly Premium Chart

01/01/2026 to 12/31/2026 (updated 4-2026)

Age
At
enrollment
until plan
anniversary
y

**Option 1 - PPO
Health Plan**
Anthem Cal CPA
Silver 4000 HDHP
CA Full PPO Network

**Option 2 - PPO
Health Plan**
Anthem CalCPA
Gold 25/750
CA Full PPO Network

**Option 3 - HMO
Health Plan**
Kaiser
Gold 80 Plan
Kaiser Full Network

**Option 4 - HMO
Health Plan**
Kaiser
Platinum 90/20
Kaiser Full Network

	Region 17	Region 17	Region 17	Region 17
	Employee or Dependent	Employee or Dependent	Employee or Dependent	Employee or Dependent
0-14	\$341.58	\$478.68	\$373.54	\$389.64
15	\$371.95	\$521.23	\$405.48	\$423.01
16	\$383.55	\$537.50	\$417.69	\$435.76
17	\$395.16	\$553.77	\$429.90	\$448.52
18	\$407.67	\$571.29	\$443.05	\$462.26
19	\$420.17	\$588.81	\$441.93	\$461.73
20	\$433.12	\$606.95	\$455.55	\$475.96
21	\$446.51	\$625.72	\$469.63	\$490.68
22	\$446.51	\$625.72	\$469.63	\$490.68
23	\$446.51	\$625.72	\$469.63	\$490.68
24	\$446.51	\$625.72	\$469.63	\$490.68
25	\$448.30	\$628.23	\$471.51	\$492.64
26	\$457.23	\$640.74	\$480.91	\$502.46
27	\$467.95	\$655.76	\$492.18	\$514.23
28	\$485.36	\$680.16	\$510.49	\$533.37
29	\$499.65	\$700.19	\$525.52	\$549.07
30	\$506.79	\$710.20	\$533.03	\$556.92
31	\$517.51	\$725.22	\$544.31	\$568.70
32	\$528.23	\$740.23	\$555.58	\$580.48
33	\$534.92	\$749.62	\$562.62	\$587.84
34	\$542.07	\$759.63	\$570.14	\$595.69
35	\$545.64	\$764.64	\$573.89	\$599.61
36	\$549.21	\$769.64	\$577.65	\$603.54
37	\$552.78	\$774.65	\$581.41	\$607.46
38	\$556.36	\$779.65	\$585.16	\$611.39
39	\$563.50	\$789.66	\$592.68	\$619.24
40	\$570.64	\$799.68	\$600.19	\$627.09
41	\$581.36	\$814.69	\$611.46	\$638.87
42	\$591.63	\$829.09	\$622.27	\$650.15
43	\$605.92	\$849.11	\$637.29	\$665.85
44	\$623.78	\$874.14	\$656.08	\$685.48
45	\$644.76	\$903.55	\$678.15	\$708.54
46	\$669.77	\$938.59	\$704.45	\$736.02
47	\$697.90	\$978.01	\$734.04	\$766.93
48	\$730.05	\$1,023.06	\$767.85	\$802.26
49	\$761.75	\$1,067.49	\$801.20	\$837.10
50	\$797.47	\$1,117.54	\$838.77	\$876.36
51	\$832.75	\$1,166.98	\$875.87	\$915.12
52	\$871.59	\$1,221.41	\$916.73	\$957.81
53	\$910.89	\$1,276.48	\$958.05	\$1,000.99
54	\$953.31	\$1,335.92	\$1,002.67	\$1,047.60
55	\$995.72	\$1,395.37	\$1,047.28	\$1,094.22
56	\$1,041.72	\$1,459.82	\$1,095.66	\$1,144.76
57	\$1,088.15	\$1,524.89	\$1,144.50	\$1,195.79
58	\$1,137.72	\$1,594.35	\$1,196.63	\$1,250.26
59	\$1,162.27	\$1,628.76	\$1,222.46	\$1,277.24
60	\$1,211.84	\$1,698.22	\$1,274.59	\$1,331.71
61	\$1,254.70	\$1,758.29	\$1,319.67	\$1,378.81
62	\$1,282.83	\$1,797.71	\$1,349.26	\$1,409.73
63	\$1,318.11	\$1,847.14	\$1,386.36	\$1,448.49
64+	\$1,339.54	\$1,877.17	\$1,408.89	\$1,472.04

Option - A Vision Plan VSP				Unbundled (without employee premium)		
All Ages	Employee	Employee + 1	Employee + 2	1 Dep	2+ Deps	2+ Deps
	\$6.81	\$10.58	\$16.79	\$3.77	\$9.98	\$9.98

Option - B DPPO Dental Plan Principal				Unbundled (without employee premium)		
All Ages	Employee	Employee & Spouse	Employee/Child(r) & Spouse & Child(ren)	Spouse	Children	Spouse & Children
	\$50.93	\$100.41	\$111.30	\$49.48	\$60.37	\$117.10

For the Health plan - If residence outside of Riverside County, please contact our office for a personalized worksheet for PPO plans.