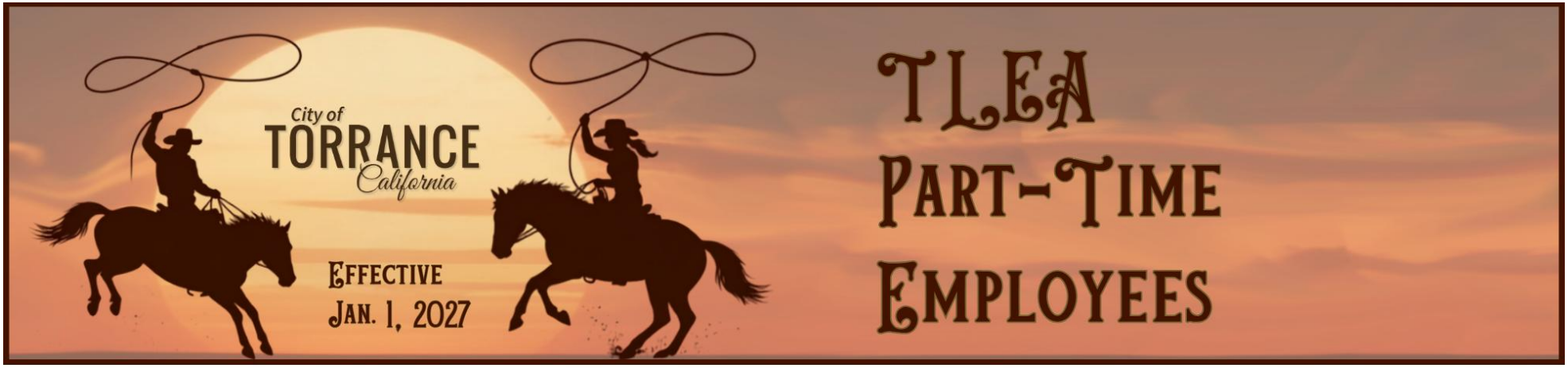

To enroll/make changes to your Benefits, log onto http://my.adp.com

2027 Open Enrollment:
September 14 – October 9, 2026

For more information on the plans that are available, go to www.TorranceCA.Gov/OpenEnrollment

For any additional questions, please call the Human Resources Department at (310) 618-2960.

Rates quoted below do not include the Administrative Fee charged to each employee by CalPERS. In keeping with previous years, the Administrative Fee will continue to be automatically deducted and reflected on each employee's paycheck.

PART TIME TLEA EMPLOYEES

Effective January 1, 2027, the City's monthly contributions for health insurance are as follows:

- **Full-time employees: $378.89 for 1-party, $677.92 for 2-party and $874.36 for family**

Effective January 1, 2027 for part-time TLEA employees in Los Angeles Area Region (LA County, Riverside County, San Bernadino County)

	1-Party			2-Party			Family			
Carrier	**PERS Rates**	**City Pays**	***Employee Contributes***	**PERS Rates**	**City Pays**	***Employee Contributes***	**PERS Rates**	**City Pays**	***Employee Contributes***	**% Change (+/-) from 2026**
Anthem Select HMO	$1,059.06	$378.89	*$680.17*	$2,118.12	$677.92	*$1,440.20*	$2,753.56	$874.36	*$1,879.20*	10.01%
Anthem Traditional HMO	$1,239.02	$378.89	*$860.13*	$2,478.04	$677.92	*$1,800.12*	$3,221.45	$874.36	*$2,347.09*	9.79%
Blue Shield Access + HMO	$975.19	$378.89	*$596.30*	$1,950.38	$677.92	*$1,272.46*	$2,535.49	$874.36	*$1,661.13*	6.24%
Blue Shield Trio HMO	$908.01	$378.89	*$529.12*	$1,816.02	$677.92	*$1,138.10*	$2,360.83	$874.36	*$1,486.47*	6.50%
Health Net Salud y Mas HMO	$801.75	$378.89	*$422.86*	$1,603.50	$677.92	*$925.58*	$2,084.55	$874.36	*$1,210.19*	8.33%
Kaiser HMO	$1,011.28	$378.89	*$632.39*	$2,022.56	$677.92	*$1,344.64*	$2,629.33	$874.36	*$1,754.97*	4.36%
PERS Gold PPO	$1,014.50	$378.89	*$635.61*	$2,029.00	$677.92	*$1,351.08*	$2,637.70	$874.36	*$1,763.34*	5.67%
PERS Platinum PPO	$1,549.00	$378.89	*$1,170.11*	$3,098.00	$677.92	*$2,420.08*	$4,027.40	$874.36	*$3,153.04*	8.18%

Effective January 1, 2027 for part-time TLEA employees in other Southern California Area Regions (Orange, San Diego, Santa Barbara, Ventura)

	1-Party			2-Party			Family			
Carrier	**PERS Rates**	**City Pays**	***Employee Contributes***	**PERS Rates**	**City Pays**	***Employee Contributes***	**PERS Rates**	**City Pays**	***Employee Contributes***	**% Change (+/-) from 2026**
Anthem Select HMO	$1,140.20	$378.89	*$761.31*	$2,280.40	$677.92	*$1,602.48*	$2,964.52	$874.36	*$2,090.16*	12.19%
Anthem Traditional HMO	$1,263.81	$378.89	*$884.92*	$2,527.62	$677.92	*$1,849.70*	$3,285.91	$874.36	*$2,411.55*	9.11%
Blue Shield Access + HMO	$1,177.77	$378.89	*$798.88*	$2,355.54	$677.92	*$1,677.62*	$3,062.20	$874.36	*$2,187.84*	11.86%
Blue Shield Trio HMO	$971.24	$378.89	*$592.35*	$1,942.48	$677.92	*$1,264.56*	$2,525.22	$874.36	*$1,650.86*	3.70%
Health Net Salud y Mas HMO	$953.15	$378.89	*$574.26*	$1,906.30	$677.92	*$1,228.38*	$2,478.19	$874.36	*$1,603.83*	8.37%
Kaiser HMO	$1,030.94	$378.89	*$652.05*	$2,061.88	$677.92	*$1,383.96*	$2,680.44	$874.36	*$1,806.08*	4.38%
Sharp HMO	$975.21	$378.89	*$596.32*	$1,950.42	$677.92	*$1,272.50*	$2,535.55	$874.36	*$1,661.19*	6.44%
PERS Gold PPO	$1,010.12	$378.89	*$631.23*	$2,020.24	$677.92	*$1,342.32*	$2,626.31	$874.36	*$1,751.95*	5.63%
PERS Platinum PPO	$1,538.57	$378.89	*$1,159.68*	$3,077.14	$677.92	*$2,399.22*	$4,000.28	$874.36	*$3,125.92*	7.88%

ZIP codes are used to determine the health plans and regions in which you are eligible to enroll. Employees may choose either their home or current work address ZIP code to establish their eligibility. If you elect to use your work zip code you must complete an Employer ZIP Code Election form, which is available from the* ***Human Resources Department.

Part Time TLEA Employees
Dental Rates Effective January 1, 2027

	1-Party			2-Party			Family			
	Rates	City Pays	*Employee Contributes*	Rates	City Pays	*Employee Contributes*	Rates	City Pays	*Employee Contributes*	% Change (+/-) from 2026
Delta PPO	$35.15	$35.15	*$0.00*	$70.31	$70.31	*$0.00*	$121.29	$70.31	*$50.98*	0.00%
Delta Care (DHMO)	$16.60	$16.60	*$0.00*	$29.96	$29.96	*$0.00*	$44.31	$29.96	*$14.35*	0.00%

Vision Rates Effective January 1, 2027

	1-Party			2-Party			Family			
	Rates	City Pays	*Employee Contributes*	Rates	City Pays	*Employee Contributes*	Rates	City Pays	*Employee Contributes*	%Change (+/-) from 2026
Anthem Vision	$3.06	$3.06	*$0.00*	$5.78	$3.06	*$2.72*	$8.45	$3.06	*$5.39*	0.00%
Anthem Vision Buy-Up	$7.53	$3.06	*$4.47*	$14.21	$3.06	*$11.15*	$20.80	$3.06	*$17.74*	0.00%

For online information about doctors and health plan benefits, use the following websites:

Anthem Blue Cross	**www.anthem.com/ca/mcr/calpers**
Blue Shield of California	**www.blueshieldca.com/group/calpers**
Health Net of California	**www.calpers.healthnetcalifornia.com**
Kaiser Permanente	**https://choose.kaiserpermanente.org/calpers**
PERS Platinum & PERS Gold	**https://includedhealth.com/microsite/calpers/**
Sharp	**www.calpers.sharphealthplan.com**
Delta Dental	**www.deltadental.com**
Anthem Vision	**www.anthem.com**

NOTED:

Aram Chaparyan

Aram Chaparyan, City Manager