

Orange County Transportation Authority Coach Operators Monthly Employee Cost for 2023

PLAN	COVERAGE	COST SHARE %	MONTHLY COST*
(PRISM) Kaiser - HMO	Employee	5%	\$34.75
	Employee + one	7%	\$96.05
	Employee + family	10%	\$193.40
(PRISM) Anthem HMO	Employee	5%	\$37.74
	Employee + one	7%	\$111.09
	Employee + family	10%	\$226.59
(PRISM) Anthem PPO	Employee	5%	\$47.71
	Employee + one	7%	\$140.14
	Employee + family	10%	\$286.00
DeltaCare DHMO	Employee	5%	\$0.72
	Employee + one	7%	\$1.93
	Employee + family	10%	\$4.29
(PRISM) Delta PPO	Employee	5%	\$2.23
	Employee + one	7%	\$5.59
	Employee + family	10%	\$12.89
(PRISM) VSP	Employee	5%	\$0.33
	Employee + one	7%	\$0.85
	Employee + family	10%	\$1.93

*Note: Cost share is in agreement with Teamsters Local 952 Union Collective Bargaining Agreement as negotiated.

DHMO - Dental Health Maintenance Organization

HMO - Health Maintenance Organization

PPO - Preferred Provider Organization

PRISM - Public Risk Innovation, Solutions, and Management

VSP - Vision Service Plan