

## Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees

### Effective January 1, 2021

#### REGION 1

Counties: Alameda, Alpine, Amador, Butte, Calaveres, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba

Medical Plans	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem EPO Del Norte	\$935.84	\$1,871.68	\$2,433.18	\$325.61	\$651.22	\$846.59
Anthem Select HMO	\$925.60	\$1,851.20	\$2,406.56	\$315.37	\$630.74	\$819.97
Anthem Traditional HMO	\$1,307.86	\$2,615.72	\$3,400.44	\$697.63	\$1,395.26	\$1,813.85
Blue Shield Access+ HMO	\$1,170.08	\$2,340.16	\$3,042.21	\$559.85	\$1,119.70	\$1,455.62
Blue Shield Access EPO	\$1,170.08	\$2,340.16	\$3,042.21	\$559.85	\$1,119.70	\$1,455.62
Blue Shield Trio	\$880.50	\$1,761.00	\$2,289.30	\$270.27	\$540.54	\$702.71
Health Net SmartCare HMO	\$1,120.21	\$2,240.42	\$2,912.55	\$509.98	\$1,019.96	\$1,325.96
Kaiser (CA) HMO	\$813.64	\$1,627.28	\$2,115.46	\$203.41	\$406.82	\$528.87
PERS Choice	\$935.84	\$1,871.68	\$2,433.18	\$325.61	\$651.22	\$846.59
PERS Select	\$566.67	\$1,133.34	\$1,473.34	\$0.00	\$0.00	\$0.00
PERSCare	\$1,294.69	\$2,589.38	\$3,366.19	\$684.46	\$1,368.92	\$1,779.60
United HealthCare HMO	\$941.17	\$1,882.34	\$2,447.04	\$330.94	\$661.88	\$860.45
Western Health Advantage	\$757.02	\$1,514.04	\$1,968.25	\$146.79	\$293.58	\$381.66

#### REGION 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Medical Plans	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$674.69	\$1,349.38	\$1,754.19	\$64.46	\$128.92	\$167.60
Anthem Traditional HMO	\$1,046.04	\$2,092.08	\$2,719.70	\$435.81	\$871.62	\$1,133.11
Blue Shield Access+ HMO	\$938.96	\$1,877.92	\$2,441.30	\$328.73	\$657.46	\$854.71
Blue Shield Trio	\$722.56	\$1,445.12	\$1,878.66	\$112.33	\$224.66	\$292.07
Health Net Salud y Mas	\$458.66	\$917.32	\$1,192.52	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO	\$769.11	\$1,538.22	\$1,999.69	\$158.88	\$317.76	\$413.10
Kaiser (CA) HMO	\$669.77	\$1,339.54	\$1,741.40	\$59.54	\$119.08	\$154.81
PERS Choice	\$783.19	\$1,566.38	\$2,036.29	\$172.96	\$345.92	\$449.70
PERS Select	\$476.92	\$953.84	\$1,239.99	\$0.00	\$0.00	\$0.00
PERSCare	\$1,115.68	\$2,231.36	\$2,900.77	\$505.45	\$1,010.90	\$1,314.18
Sharp	\$632.27	\$1,264.54	\$1,643.90	\$22.04	\$44.08	\$57.31
United HealthCare HMO	\$723.84	\$1,447.68	\$1,881.98	\$113.61	\$227.22	\$295.39

**\*\*\*IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.\*\*\***

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**Effective January 1, 2021**

<b>REGION 3</b>						
<b>Los Angeles, Riverside, San Bernardino</b>						
<b>Medical Plans</b>	<b>Monthly Premium Cost</b>			<b>Monthly Employee Contribution</b>		
	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>
Anthem Select HMO	\$639.10	\$1,278.20	\$1,661.66	\$28.87	\$57.74	\$75.07
Anthem Traditional HMO	\$984.21	\$1,968.42	\$2,558.95	\$373.98	\$747.96	\$972.36
Blue Shield Access+ HMO	\$834.88	\$1,669.76	\$2,170.69	\$224.65	\$449.30	\$584.10
Blue Shield Trio	\$660.49	\$1,320.98	\$1,717.27	\$50.26	\$100.52	\$130.68
Health Net Salud y Mas	\$412.88	\$825.76	\$1,073.49	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO	\$691.48	\$1,382.96	\$1,797.85	\$81.25	\$162.50	\$211.26
Kaiser (CA) HMO	\$669.84	\$1,339.69	\$1,741.60	\$59.61	\$119.23	\$155.01
PERS Choice	\$761.23	\$1,522.46	\$1,979.20	\$151.00	\$302.00	\$392.61
PERS Select	\$459.94	\$919.88	\$1,195.84	\$0.00	\$0.00	\$0.00
PERSCare	\$1,036.07	\$2,072.14	\$2,693.78	\$425.84	\$851.68	\$1,107.19
United HealthCare HMO	\$720.89	\$1,441.78	\$1,874.31	\$110.66	\$221.32	\$287.72

**Monthly Dental and Vision Plan Rates for Eligible Permanent Part-Time Employees**

<b>Plan</b>	<b>Monthly Premium Cost</b>			<b>Monthly Employee Contribution</b>		
	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>
Delta Dental PPO	\$101.20	\$101.20	\$101.20	\$25.30	\$25.30	\$25.30
DentalCare HMO	\$33.56	\$33.56	\$33.56	\$8.39	\$8.39	\$8.39
VSP Vision	\$8.66	\$17.32	\$20.33	\$2.16	\$4.33	\$5.08