

## CalPERS Medical Insurance Rates for *CEA, Management and Confidential Members*

Effective from January 1, 2021 through December 31, 2021

| MEDICAL                       | Los Angeles, San Bernardino and Riverside Area |                    | Orange, Ventura and San Diego Area |                    |
|-------------------------------|--|--------------------|------------------------------------|--------------------|
|                               | DISTRICT CONTRIBUTION                          | EMPLOYEE DEDUCTION | DISTRICT CONTRIBUTION              | EMPLOYEE DEDUCTION |
| <b>ANTHEM SELECT</b>          |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$135.22           | \$631.70                           | \$177.93           |
| TWO-PARTY                     | \$963.40                                       | \$570.44           | \$963.40                           | \$655.86           |
| FAMILY                        | \$1,240.71                                     | \$753.28           | \$1,240.71                         | \$864.32           |
| <b>ANTHEM TRADITIONAL</b>     |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$549.35           | \$631.70                           | \$623.55           |
| TWO-PARTY                     | \$963.40                                       | \$1,398.70         | \$963.40                           | \$1,547.10         |
| FAMILY                        | \$1,240.71                                     | \$1,830.03         | \$1,240.71                         | \$2,022.93         |
| <b>BLUE SHIELD ACCESS</b>     |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$370.16           | \$631.70                           | \$495.05           |
| TWO-PARTY                     | \$963.40                                       | \$1,040.31         | \$963.40                           | \$1,290.10         |
| FAMILY                        | \$1,240.71                                     | \$1,364.12         | \$1,240.71                         | \$1,688.85         |
| <b>BLUE SHIELD TRIO</b>       |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$160.89           | \$631.70                           | \$235.37           |
| TWO-PARTY                     | \$963.40                                       | \$621.78           | \$963.40                           | \$770.74           |
| FAMILY                        | \$1,240.71                                     | \$820.01           | \$1,240.71                         | \$1,013.68         |
| <b>HEALTH NET SALUD Y MAS</b> |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$0.00             | \$631.70                           | \$0.00             |
| TWO-PARTY                     | \$963.40                                       | \$27.51            | \$963.40                           | \$137.38           |
| FAMILY                        | \$1,240.71                                     | \$47.48            | \$1,240.71                         | \$190.31           |
| <b>HEALTH NET SMARTCARE</b>   |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$198.08           | \$631.70                           | \$291.23           |
| TWO-PARTY                     | \$963.40                                       | \$696.15           | \$963.40                           | \$882.46           |
| FAMILY                        | \$1,240.71                                     | \$916.71           | \$1,240.71                         | \$1,158.92         |
| <b>KAISER</b>                 |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$172.11           | \$631.70                           | \$172.02           |
| TWO-PARTY                     | \$963.40                                       | \$644.23           | \$963.40                           | \$644.05           |
| FAMILY                        | \$1,240.71                                     | \$849.21           | \$1,240.71                         | \$848.97           |
| <b>UNITED HEALTHCARE</b>      |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$233.37           | \$631.70                           | \$236.91           |
| TWO-PARTY                     | \$963.40                                       | \$766.74           | \$963.40                           | \$773.82           |
| FAMILY                        | \$1,240.71                                     | \$1,008.46         | \$1,240.71                         | \$1,017.67         |
| <b>SHARP (SAN DIEGO ONLY)</b> |  |                    |                                    |                    |
| SINGLE                        |  |                    | \$631.70                           | \$127.02           |
| TWO-PARTY                     |  |                    | \$963.40                           | \$554.05           |
| FAMILY                        |  |                    | \$1,240.71                         | \$731.97           |
| <b>PERS CHOICE PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$281.78           | \$631.70                           | \$308.13           |
| TWO-PARTY                     | \$963.40                                       | \$863.55           | \$963.40                           | \$916.26           |
| FAMILY                        | \$1,240.71                                     | \$1,134.33         | \$1,240.71                         | \$1,202.84         |
| <b>PERS SELECT PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$0.00             | \$631.70                           | \$0.00             |
| TWO-PARTY                     | \$963.40                                       | \$140.46           | \$963.40                           | \$181.21           |
| FAMILY                        | \$1,240.71                                     | \$194.30           | \$1,240.71                         | \$247.28           |
| <b>PERS CARE PPO</b>          |  |                    |                                    |                    |
| SINGLE                        | \$631.70                                       | \$611.58           | \$631.70                           | \$707.12           |
| TWO-PARTY                     | \$963.40                                       | \$1,523.17         | \$963.40                           | \$1,714.23         |
| FAMILY                        | \$1,240.71                                     | \$1,991.83         | \$1,240.71                         | \$2,240.21         |
| <b>DENTAL</b>                 |  |                    |                                    |                    |
|                               | DISTRICT CONTRIBUTION                          |                    | EMPLOYEE DEDUCTION                 |                    |
| <b>DELTA DENTAL HMO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$22.10            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$36.15            |                                    | \$0.00             |
| FAMILY                        |  | \$53.18            |                                    | \$0.00             |
| <b>DELTA DENTAL PPO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$46.52            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$135.31           |                                    | \$0.00             |
| FAMILY                        |  | \$135.31           |                                    | \$0.00             |
| <b>VISION</b>                 |  |                    |                                    |                    |
|                               | DISTRICT CONTRIBUTION                          |                    | EMPLOYEE DEDUCTION                 |                    |
| <b>VSP</b>                    |  |                    |                                    |                    |
| SINGLE                        |  | \$13.22            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$13.22            |                                    | \$0.00             |
| FAMILY                        |  | \$13.22            |                                    | \$0.00             |

## CalPERS Medical Insurance Rates for *SEIU Members*

Effective from January 1, 2021 through December 31, 2021

| MEDICAL                       | Los Angeles, San Bernardino and Riverside Area |                    | Orange, Ventura and San Diego Area |                    |
|-------------------------------|--|--------------------|------------------------------------|--------------------|
|                               | DISTRICT CONTRIBUTION                          | EMPLOYEE DEDUCTION | DISTRICT CONTRIBUTION              | EMPLOYEE DEDUCTION |
| <b>ANTHEM SELECT</b>          |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$95.22            | \$671.70                           | \$137.93           |
| TWO-PARTY                     | \$1,003.40                                     | \$530.44           | \$1,003.40                         | \$615.86           |
| FAMILY                        | \$1,280.71                                     | \$713.28           | \$1,280.71                         | \$824.32           |
| <b>ANTHEM TRADITIONAL</b>     |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$509.35           | \$671.70                           | \$583.55           |
| TWO-PARTY                     | \$1,003.40                                     | \$1,358.70         | \$1,003.40                         | \$1,507.10         |
| FAMILY                        | \$1,280.71                                     | \$1,790.03         | \$1,280.71                         | \$1,982.93         |
| <b>BLUE SHIELD ACCESS</b>     |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$330.16           | \$671.70                           | \$455.05           |
| TWO-PARTY                     | \$1,003.40                                     | \$1,000.31         | \$1,003.40                         | \$1,250.10         |
| FAMILY                        | \$1,280.71                                     | \$1,324.12         | \$1,280.71                         | \$1,648.85         |
| <b>BLUE SHIELD TRIO</b>       |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$120.89           | \$671.70                           | \$195.37           |
| TWO-PARTY                     | \$1,003.40                                     | \$581.78           | \$1,003.40                         | \$730.74           |
| FAMILY                        | \$1,280.71                                     | \$780.01           | \$1,280.71                         | \$973.68           |
| <b>HEALTH NET SALUD Y MAS</b> |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$0.00             | \$671.70                           | \$0.00             |
| TWO-PARTY                     | \$1,003.40                                     | \$0.00             | \$1,003.40                         | \$97.38            |
| FAMILY                        | \$1,280.71                                     | \$7.48             | \$1,280.71                         | \$150.31           |
| <b>HEALTH NET SMARTCARE</b>   |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$158.08           | \$671.70                           | \$251.23           |
| TWO-PARTY                     | \$1,003.40                                     | \$656.15           | \$1,003.40                         | \$842.46           |
| FAMILY                        | \$1,280.71                                     | \$876.71           | \$1,280.71                         | \$1,118.92         |
| <b>KAISER</b>                 |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$132.11           | \$671.70                           | \$132.02           |
| TWO-PARTY                     | \$1,003.40                                     | \$604.23           | \$1,003.40                         | \$604.05           |
| FAMILY                        | \$1,280.71                                     | \$809.21           | \$1,280.71                         | \$808.97           |
| <b>UNITED HEALTHCARE</b>      |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$193.37           | \$671.70                           | \$196.91           |
| TWO-PARTY                     | \$1,003.40                                     | \$726.74           | \$1,003.40                         | \$733.82           |
| FAMILY                        | \$1,280.71                                     | \$968.46           | \$1,280.71                         | \$977.67           |
| <b>SHARP (SAN DIEGO ONLY)</b> |  |                    |                                    |                    |
| SINGLE                        |  |                    | \$671.70                           | \$87.02            |
| TWO-PARTY                     |  |                    | \$1,003.40                         | \$514.05           |
| FAMILY                        |  |                    | \$1,280.71                         | \$691.97           |
| <b>PERS CHOICE PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$241.78           | \$671.70                           | \$268.13           |
| TWO-PARTY                     | \$1,003.40                                     | \$823.55           | \$1,003.40                         | \$876.26           |
| FAMILY                        | \$1,280.71                                     | \$1,094.33         | \$1,280.71                         | \$1,162.84         |
| <b>PERS SELECT PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$0.00             | \$671.70                           | \$0.00             |
| TWO-PARTY                     | \$1,003.40                                     | \$100.46           | \$1,003.40                         | \$141.21           |
| FAMILY                        | \$1,280.71                                     | \$154.30           | \$1,280.71                         | \$207.28           |
| <b>PERS CARE PPO</b>          |  |                    |                                    |                    |
| SINGLE                        | \$671.70                                       | \$571.58           | \$671.70                           | \$667.12           |
| TWO-PARTY                     | \$1,003.40                                     | \$1,483.17         | \$1,003.40                         | \$1,674.23         |
| FAMILY                        | \$1,280.71                                     | \$1,951.83         | \$1,280.71                         | \$2,200.21         |
| <b>DENTAL</b>                 |  |                    |                                    |                    |
|                               | DISTRICT CONTRIBUTION                          |                    | EMPLOYEE DEDUCTION                 |                    |
| <b>DELTA DENTAL HMO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$22.10            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$36.15            |                                    | \$0.00             |
| FAMILY                        |  | \$53.18            |                                    | \$0.00             |
| <b>DELTA DENTAL PPO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$46.52            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$135.31           |                                    | \$0.00             |
| FAMILY                        |  | \$135.31           |                                    | \$0.00             |
| <b>VISION</b>                 |  |                    |                                    |                    |
|                               | DISTRICT CONTRIBUTION                          |                    | EMPLOYEE DEDUCTION                 |                    |
| <b>VSP</b>                    |  |                    |                                    |                    |
| SINGLE                        |  | \$13.22            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$13.22            |                                    | \$0.00             |
| FAMILY                        |  | \$13.22            |                                    | \$0.00             |

# CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 8 HOURS*

Effective from January 1, 2021 through December 31, 2021

| MEDICAL                       | Los Angeles, San Bernardino and Riverside Area |                              | Orange, Ventura and San Diego Area |                           |
|-------------------------------|--|------------------------------|------------------------------------|---------------------------|
|                               | DISTRICT CONTRIBUTION                          | EMPLOYEE DEDUCTION           | DISTRICT CONTRIBUTION              | EMPLOYEE DEDUCTION        |
| <b>ANTHEM SELECT</b>          |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$133.82                     | \$633.10                           | \$176.53                  |
| TWO-PARTY                     | \$964.80                                       | \$569.04                     | \$964.80                           | \$654.46                  |
| FAMILY                        | \$1,242.10                                     | \$751.89                     | \$1,242.10                         | \$862.93                  |
| <b>ANTHEM TRADITIONAL</b>     |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$547.95                     | \$633.10                           | \$622.15                  |
| TWO-PARTY                     | \$964.80                                       | \$1,397.30                   | \$964.80                           | \$1,545.70                |
| FAMILY                        | \$1,242.10                                     | \$1,828.64                   | \$1,242.10                         | \$2,021.54                |
| <b>BLUE SHIELD ACCESS</b>     |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$368.76                     | \$633.10                           | \$493.65                  |
| TWO-PARTY                     | \$964.80                                       | \$1,038.91                   | \$964.80                           | \$1,288.70                |
| FAMILY                        | \$1,242.10                                     | \$1,362.73                   | \$1,242.10                         | \$1,687.46                |
| <b>BLUE SHIELD TRIO</b>       |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$159.49                     | \$633.10                           | \$233.97                  |
| TWO-PARTY                     | \$964.80                                       | \$620.38                     | \$964.80                           | \$769.34                  |
| FAMILY                        | \$1,242.10                                     | \$818.62                     | \$1,242.10                         | \$1,012.29                |
| <b>HEALTH NET SALUD Y MAS</b> |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$0.00                       | \$633.10                           | \$0.00                    |
| TWO-PARTY                     | \$964.80                                       | \$26.11                      | \$964.80                           | \$135.98                  |
| FAMILY                        | \$1,242.10                                     | \$46.09                      | \$1,242.10                         | \$188.92                  |
| <b>HEALTH NET SMARTCARE</b>   |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$196.68                     | \$633.10                           | \$289.83                  |
| TWO-PARTY                     | \$964.80                                       | \$694.75                     | \$964.80                           | \$881.06                  |
| FAMILY                        | \$1,242.10                                     | \$915.32                     | \$1,242.10                         | \$1,157.53                |
| <b>KAISER</b>                 |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$170.71                     | \$633.10                           | \$170.62                  |
| TWO-PARTY                     | \$964.80                                       | \$642.83                     | \$964.80                           | \$642.65                  |
| FAMILY                        | \$1,242.10                                     | \$847.82                     | \$1,242.10                         | \$847.58                  |
| <b>UNITED HEALTHCARE</b>      |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$231.97                     | \$633.10                           | \$235.51                  |
| TWO-PARTY                     | \$964.80                                       | \$765.34                     | \$964.80                           | \$772.42                  |
| FAMILY                        | \$1,242.10                                     | \$1,007.07                   | \$1,242.10                         | \$1,016.28                |
| <b>SHARP (SAN DIEGO ONLY)</b> |  |                              |                                    |                           |
| SINGLE                        |  |                              | \$633.10                           | \$125.62                  |
| TWO-PARTY                     |  |                              | \$964.80                           | \$552.65                  |
| FAMILY                        |  |                              | \$1,242.10                         | \$730.58                  |
| <b>PERS CHOICE PPO</b>        |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$280.38                     | \$633.10                           | \$306.73                  |
| TWO-PARTY                     | \$964.80                                       | \$862.15                     | \$964.80                           | \$914.86                  |
| FAMILY                        | \$1,242.10                                     | \$1,132.94                   | \$1,242.10                         | \$1,201.45                |
| <b>PERS SELECT PPO</b>        |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$0.00                       | \$633.10                           | \$0.00                    |
| TWO-PARTY                     | \$964.80                                       | \$139.06                     | \$964.80                           | \$179.81                  |
| FAMILY                        | \$1,242.10                                     | \$192.91                     | \$1,242.10                         | \$245.89                  |
| <b>PERS CARE PPO</b>          |  |                              |                                    |                           |
| SINGLE                        | \$633.10                                       | \$610.18                     | \$633.10                           | \$705.72                  |
| TWO-PARTY                     | \$964.80                                       | \$1,521.77                   | \$964.80                           | \$1,712.83                |
| FAMILY                        | \$1,242.10                                     | \$1,990.44                   | \$1,242.10                         | \$2,238.82                |
| <b>DENTAL</b>                 |  | <b>DISTRICT CONTRIBUTION</b> |                                    | <b>EMPLOYEE DEDUCTION</b> |
| <b>DELTA DENTAL HMO</b>       |  |                              |                                    |                           |
| SINGLE                        |  | \$22.10                      |                                    | \$0.00                    |
| TWO-PARTY                     |  | \$36.15                      |                                    | \$0.00                    |
| FAMILY                        |  | \$53.18                      |                                    | \$0.00                    |
| <b>DELTA DENTAL PPO</b>       |  |                              |                                    |                           |
| SINGLE                        |  | \$46.52                      |                                    | \$0.00                    |
| TWO-PARTY                     |  | \$135.31                     |                                    | \$0.00                    |
| FAMILY                        |  | \$135.31                     |                                    | \$0.00                    |
| <b>VISION</b>                 |  | <b>DISTRICT CONTRIBUTION</b> |                                    | <b>EMPLOYEE DEDUCTION</b> |
| <b>VSP</b>                    |  |                              |                                    |                           |
| SINGLE                        |  | \$13.22                      |                                    | \$0.00                    |
| TWO-PARTY                     |  | \$13.22                      |                                    | \$0.00                    |
| FAMILY                        |  | \$13.22                      |                                    | \$0.00                    |

## CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 6 HOURS*

Effective from January 1, 2021 through December 31, 2021

| MEDICAL                       | Los Angeles, San Bernardino and Riverside Area |                    | Orange, Ventura and San Diego Area |                    |
|-------------------------------|--|--------------------|------------------------------------|--------------------|
|                               | DISTRICT CONTRIBUTION                          | EMPLOYEE DEDUCTION | DISTRICT CONTRIBUTION              | EMPLOYEE DEDUCTION |
| <b>ANTHEM SELECT</b>          |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$292.09           | \$474.83                           | \$334.80           |
| TWO-PARTY                     | \$723.60                                       | \$810.24           | \$723.60                           | \$895.66           |
| FAMILY                        | \$931.58                                       | \$1,062.41         | \$931.58                           | \$1,173.45         |
| <b>ANTHEM TRADITIONAL</b>     |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$706.22           | \$474.83                           | \$780.42           |
| TWO-PARTY                     | \$723.60                                       | \$1,638.50         | \$723.60                           | \$1,786.90         |
| FAMILY                        | \$931.58                                       | \$2,139.16         | \$931.58                           | \$2,332.06         |
| <b>BLUE SHIELD ACCESS</b>     |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$527.03           | \$474.83                           | \$651.92           |
| TWO-PARTY                     | \$723.60                                       | \$1,280.11         | \$723.60                           | \$1,529.90         |
| FAMILY                        | \$931.58                                       | \$1,673.25         | \$931.58                           | \$1,997.98         |
| <b>BLUE SHIELD TRIO</b>       |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$317.76           | \$474.83                           | \$392.24           |
| TWO-PARTY                     | \$723.60                                       | \$861.58           | \$723.60                           | \$1,010.54         |
| FAMILY                        | \$931.58                                       | \$1,129.14         | \$931.58                           | \$1,322.81         |
| <b>HEALTH NET SALUD Y MAS</b> |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$20.63            | \$474.83                           | \$75.56            |
| TWO-PARTY                     | \$723.60                                       | \$267.31           | \$723.60                           | \$377.18           |
| FAMILY                        | \$931.58                                       | \$356.61           | \$931.58                           | \$499.44           |
| <b>HEALTH NET SMARTCARE</b>   |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$354.95           | \$474.83                           | \$448.10           |
| TWO-PARTY                     | \$723.60                                       | \$935.95           | \$723.60                           | \$1,122.26         |
| FAMILY                        | \$931.58                                       | \$1,225.84         | \$931.58                           | \$1,468.05         |
| <b>KAISER</b>                 |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$328.98           | \$474.83                           | \$328.89           |
| TWO-PARTY                     | \$723.60                                       | \$884.03           | \$723.60                           | \$883.85           |
| FAMILY                        | \$931.58                                       | \$1,158.34         | \$931.58                           | \$1,158.10         |
| <b>UNITED HEALTHCARE</b>      |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$390.24           | \$474.83                           | \$393.78           |
| TWO-PARTY                     | \$723.60                                       | \$1,006.54         | \$723.60                           | \$1,013.62         |
| FAMILY                        | \$931.58                                       | \$1,317.59         | \$931.58                           | \$1,326.80         |
| <b>SHARP (SAN DIEGO ONLY)</b> |  |                    |                                    |                    |
| SINGLE                        |  |                    | \$474.83                           | \$283.89           |
| TWO-PARTY                     |  |                    | \$723.60                           | \$793.85           |
| FAMILY                        |  |                    | \$931.58                           | \$1,041.10         |
| <b>PERS CHOICE PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$438.65           | \$474.83                           | \$465.00           |
| TWO-PARTY                     | \$723.60                                       | \$1,103.35         | \$723.60                           | \$1,156.06         |
| FAMILY                        | \$931.58                                       | \$1,443.46         | \$931.58                           | \$1,511.97         |
| <b>PERS SELECT PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$77.10            | \$474.83                           | \$97.47            |
| TWO-PARTY                     | \$723.60                                       | \$380.26           | \$723.60                           | \$421.01           |
| FAMILY                        | \$931.58                                       | \$503.43           | \$931.58                           | \$556.41           |
| <b>PERS CARE PPO</b>          |  |                    |                                    |                    |
| SINGLE                        | \$474.83                                       | \$768.45           | \$474.83                           | \$863.99           |
| TWO-PARTY                     | \$723.60                                       | \$1,762.97         | \$723.60                           | \$1,954.03         |
| FAMILY                        | \$931.58                                       | \$2,300.96         | \$931.58                           | \$2,549.34         |
| <b>DENTAL</b>                 |  |                    |                                    |                    |
|                               | DISTRICT CONTRIBUTION                          |                    | EMPLOYEE DEDUCTION                 |                    |
| <b>DELTA DENTAL HMO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$22.10            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$36.15            |                                    | \$0.00             |
| FAMILY                        |  | \$53.18            |                                    | \$0.00             |
| <b>DELTA DENTAL PPO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$46.52            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$135.31           |                                    | \$0.00             |
| FAMILY                        |  | \$135.31           |                                    | \$0.00             |
| <b>VISION</b>                 |  |                    |                                    |                    |
|                               | DISTRICT CONTRIBUTION                          |                    | EMPLOYEE DEDUCTION                 |                    |
| <b>VSP</b>                    |  |                    |                                    |                    |
| SINGLE                        |  | \$13.22            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$13.22            |                                    | \$0.00             |
| FAMILY                        |  | \$13.22            |                                    | \$0.00             |

## CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 4 HOURS*

Effective from January 1, 2021 through December 31, 2021

| MEDICAL                       | Los Angeles, San Bernardino and Riverside Area |                    | Orange, Ventura and San Diego Area |                    |
|-------------------------------|--|--------------------|------------------------------------|--------------------|
|                               | DISTRICT CONTRIBUTION                          | EMPLOYEE DEDUCTION | DISTRICT CONTRIBUTION              | EMPLOYEE DEDUCTION |
| <b>ANTHEM SELECT</b>          |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$450.37           | \$316.55                           | \$493.08           |
| TWO-PARTY                     | \$482.40                                       | \$1,051.44         | \$482.40                           | \$1,136.86         |
| FAMILY                        | \$621.05                                       | \$1,372.94         | \$621.05                           | \$1,483.98         |
| <b>ANTHEM TRADITIONAL</b>     |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$864.50           | \$316.55                           | \$938.70           |
| TWO-PARTY                     | \$482.40                                       | \$1,879.70         | \$482.40                           | \$2,028.10         |
| FAMILY                        | \$621.05                                       | \$2,449.69         | \$621.05                           | \$2,642.59         |
| <b>BLUE SHIELD ACCESS</b>     |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$685.31           | \$316.55                           | \$810.20           |
| TWO-PARTY                     | \$482.40                                       | \$1,521.31         | \$482.40                           | \$1,771.10         |
| FAMILY                        | \$621.05                                       | \$1,983.78         | \$621.05                           | \$2,308.51         |
| <b>BLUE SHIELD TRIO</b>       |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$476.04           | \$316.55                           | \$550.52           |
| TWO-PARTY                     | \$482.40                                       | \$1,102.78         | \$482.40                           | \$1,251.74         |
| FAMILY                        | \$621.05                                       | \$1,439.67         | \$621.05                           | \$1,633.34         |
| <b>HEALTH NET SALUD Y MAS</b> |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$178.91           | \$316.55                           | \$233.84           |
| TWO-PARTY                     | \$482.40                                       | \$508.51           | \$482.40                           | \$618.38           |
| FAMILY                        | \$621.05                                       | \$667.14           | \$621.05                           | \$809.97           |
| <b>HEALTH NET SMARTCARE</b>   |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$513.23           | \$316.55                           | \$606.38           |
| TWO-PARTY                     | \$482.40                                       | \$1,177.15         | \$482.40                           | \$1,363.46         |
| FAMILY                        | \$621.05                                       | \$1,536.37         | \$621.05                           | \$1,778.58         |
| <b>KAISER</b>                 |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$487.26           | \$316.55                           | \$487.17           |
| TWO-PARTY                     | \$482.40                                       | \$1,125.23         | \$482.40                           | \$1,125.05         |
| FAMILY                        | \$621.05                                       | \$1,468.87         | \$621.05                           | \$1,468.63         |
| <b>UNITED HEALTHCARE</b>      |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$548.52           | \$316.55                           | \$552.06           |
| TWO-PARTY                     | \$482.40                                       | \$1,247.74         | \$482.40                           | \$1,254.82         |
| FAMILY                        | \$621.05                                       | \$1,628.12         | \$621.05                           | \$1,637.33         |
| <b>SHARP (SAN DIEGO ONLY)</b> |  |                    |                                    |                    |
| SINGLE                        |  |                    | \$316.55                           | \$442.17           |
| TWO-PARTY                     |  |                    | \$482.40                           | \$1,035.05         |
| FAMILY                        |  |                    | \$621.05                           | \$1,351.63         |
| <b>PERS CHOICE PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$596.93           | \$316.55                           | \$623.28           |
| TWO-PARTY                     | \$482.40                                       | \$1,344.55         | \$482.40                           | \$1,397.26         |
| FAMILY                        | \$621.05                                       | \$1,753.99         | \$621.05                           | \$1,822.50         |
| <b>PERS SELECT PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$235.38           | \$316.55                           | \$255.75           |
| TWO-PARTY                     | \$482.40                                       | \$621.46           | \$482.40                           | \$662.21           |
| FAMILY                        | \$621.05                                       | \$813.96           | \$621.05                           | \$866.94           |
| <b>PERS CARE PPO</b>          |  |                    |                                    |                    |
| SINGLE                        | \$316.55                                       | \$926.73           | \$316.55                           | \$1,022.27         |
| TWO-PARTY                     | \$482.40                                       | \$2,004.17         | \$482.40                           | \$2,195.23         |
| FAMILY                        | \$621.05                                       | \$2,611.49         | \$621.05                           | \$2,859.87         |
| <b>DENTAL</b>                 |  |                    |                                    |                    |
|                               | <b>DISTRICT CONTRIBUTION</b>                   |                    | <b>EMPLOYEE DEDUCTION</b>          |                    |
| <b>DELTA DENTAL HMO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$22.10            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$36.15            |                                    | \$0.00             |
| FAMILY                        |  | \$53.18            |                                    | \$0.00             |
| <b>DELTA DENTAL PPO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$46.52            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$135.31           |                                    | \$0.00             |
| FAMILY                        |  | \$135.31           |                                    | \$0.00             |
| <b>VISION</b>                 |  |                    |                                    |                    |
|                               | <b>DISTRICT CONTRIBUTION</b>                   |                    | <b>EMPLOYEE DEDUCTION</b>          |                    |
| <b>VSP</b>                    |  |                    |                                    |                    |
| SINGLE                        |  | \$13.22            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$13.22            |                                    | \$0.00             |
| FAMILY                        |  | \$13.22            |                                    | \$0.00             |

## CalPERS Medical Insurance Rates for *POA Members*

Effective from January 1, 2021 through December 31, 2021

| MEDICAL                       | Los Angeles, San Bernardino and Riverside Area |                    | Orange, Ventura and San Diego Area |                    |
|-------------------------------|--|--------------------|------------------------------------|--------------------|
|                               | DISTRICT CONTRIBUTION                          | EMPLOYEE DEDUCTION | DISTRICT CONTRIBUTION              | EMPLOYEE DEDUCTION |
| <b>ANTHEM SELECT</b>          |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$335.22           | \$431.70                           | \$377.93           |
| TWO-PARTY                     | \$763.40                                       | \$770.44           | \$763.40                           | \$855.86           |
| FAMILY                        | \$1,040.71                                     | \$953.28           | \$1,040.71                         | \$1,064.32         |
| <b>ANTHEM TRADITIONAL</b>     |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$749.35           | \$431.70                           | \$823.55           |
| TWO-PARTY                     | \$763.40                                       | \$1,598.70         | \$763.40                           | \$1,747.10         |
| FAMILY                        | \$1,040.71                                     | \$2,030.03         | \$1,040.71                         | \$2,222.93         |
| <b>BLUE SHIELD ACCESS</b>     |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$570.16           | \$431.70                           | \$695.05           |
| TWO-PARTY                     | \$763.40                                       | \$1,240.31         | \$763.40                           | \$1,490.10         |
| FAMILY                        | \$1,040.71                                     | \$1,564.12         | \$1,040.71                         | \$1,888.85         |
| <b>BLUE SHIELD TRIO</b>       |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$360.89           | \$431.70                           | \$435.37           |
| TWO-PARTY                     | \$763.40                                       | \$821.78           | \$763.40                           | \$970.74           |
| FAMILY                        | \$1,040.71                                     | \$1,020.01         | \$1,040.71                         | \$1,213.68         |
| <b>HEALTH NET SALUD Y MAS</b> |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$63.76            | \$431.70                           | \$118.69           |
| TWO-PARTY                     | \$763.40                                       | \$227.51           | \$763.40                           | \$337.38           |
| FAMILY                        | \$1,040.71                                     | \$247.48           | \$1,040.71                         | \$390.31           |
| <b>HEALTH NET SMARTCARE</b>   |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$398.08           | \$431.70                           | \$491.23           |
| TWO-PARTY                     | \$763.40                                       | \$896.15           | \$763.40                           | \$1,082.46         |
| FAMILY                        | \$1,040.71                                     | \$1,116.71         | \$1,040.71                         | \$1,358.92         |
| <b>KAISER</b>                 |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$372.11           | \$431.70                           | \$372.02           |
| TWO-PARTY                     | \$763.40                                       | \$844.23           | \$763.40                           | \$844.05           |
| FAMILY                        | \$1,040.71                                     | \$1,049.21         | \$1,040.71                         | \$1,048.97         |
| <b>UNITED HEALTHCARE</b>      |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$433.37           | \$431.70                           | \$436.91           |
| TWO-PARTY                     | \$763.40                                       | \$966.74           | \$763.40                           | \$973.82           |
| FAMILY                        | \$1,040.71                                     | \$1,208.46         | \$1,040.71                         | \$1,217.67         |
| <b>SHARP (SAN DIEGO ONLY)</b> |  |                    |                                    |                    |
| SINGLE                        |  |                    | \$431.70                           | \$327.02           |
| TWO-PARTY                     |  |                    | \$763.40                           | \$754.05           |
| FAMILY                        |  |                    | \$1,040.71                         | \$931.97           |
| <b>PERS CHOICE PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$481.78           | \$431.70                           | \$508.13           |
| TWO-PARTY                     | \$763.40                                       | \$1,063.55         | \$763.40                           | \$1,116.26         |
| FAMILY                        | \$1,040.71                                     | \$1,334.33         | \$1,040.71                         | \$1,402.84         |
| <b>PERS SELECT PPO</b>        |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$120.23           | \$431.70                           | \$140.60           |
| TWO-PARTY                     | \$763.40                                       | \$340.46           | \$763.40                           | \$381.21           |
| FAMILY                        | \$1,040.71                                     | \$394.30           | \$1,040.71                         | \$447.28           |
| <b>PERS CARE PPO</b>          |  |                    |                                    |                    |
| SINGLE                        | \$431.70                                       | \$811.58           | \$431.70                           | \$907.12           |
| TWO-PARTY                     | \$763.40                                       | \$1,723.17         | \$763.40                           | \$1,914.23         |
| FAMILY                        | \$1,040.71                                     | \$2,191.83         | \$1,040.71                         | \$2,440.21         |
| <b>DENTAL</b>                 |  |                    |                                    |                    |
|                               | <b>DISTRICT CONTRIBUTION</b>                   |                    | <b>EMPLOYEE DEDUCTION</b>          |                    |
| <b>DELTA DENTAL HMO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$22.10            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$36.15            |                                    | \$0.00             |
| FAMILY                        |  | \$53.18            |                                    | \$0.00             |
| <b>DELTA DENTAL PPO</b>       |  |                    |                                    |                    |
| SINGLE                        |  | \$46.52            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$135.31           |                                    | \$0.00             |
| FAMILY                        |  | \$135.31           |                                    | \$0.00             |
| <b>VISION</b>                 |  |                    |                                    |                    |
|                               | <b>DISTRICT CONTRIBUTION</b>                   |                    | <b>EMPLOYEE DEDUCTION</b>          |                    |
| <b>VSP</b>                    |  |                    |                                    |                    |
| SINGLE                        |  | \$13.22            |                                    | \$0.00             |
| TWO-PARTY                     |  | \$13.22            |                                    | \$0.00             |
| FAMILY                        |  | \$13.22            |                                    | \$0.00             |

## Medical Insurance Rates for *Teamsters 911 Members*

Effective from October 1, 2020 through September 30, 2021

| MEDICAL                 | DISTRICT CONTRIBUTION | EMPLOYEE DEDUCTION |
|-------------------------|-----------------------|--------------------|
| <b>KAISER</b>           |                       |                    |
| SINGLE                  | \$579.20              | \$31.60            |
| TWO-PARTY               | \$1,052.00            | \$122.80           |
| FAMILY                  | \$1,365.70            | \$280.70           |
| DENTAL                  | DISTRICT CONTRIBUTION | EMPLOYEE DEDUCTION |
| <b>DELTA DENTAL HMO</b> |                       |                    |
| SINGLE                  | \$22.10               | \$0.00             |
| TWO-PARTY               | \$36.15               | \$0.00             |
| FAMILY                  | \$53.18               | \$0.00             |
| <b>DELTA DENTAL PPO</b> |                       |                    |
| SINGLE                  | \$46.52               | \$0.00             |
| TWO-PARTY               | \$135.31              | \$0.00             |
| FAMILY                  | \$135.31              | \$0.00             |