

Rates Effective 01/01/2021
California Schools Employee Association Unit 885

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	124.50
Total District Contributions **	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,608.90	\$ 1,709.30	\$ 1,709.30	\$ 1,236.91	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	124.50
Monthly Buy-up														
12 month rate	\$ 706.82	\$ 140.91	\$ 706.82	\$ -	\$ 10.25	\$ 249.06	\$ -	\$ 950.34	\$ 229.05	\$ 976.08	\$ 249.06	\$ 259.47	\$ 609.37	-
11 month rate	\$ 771.08	\$ 153.72	\$ 771.08	\$ -	\$ 11.18	\$ 271.70	\$ -	\$ 1,036.73	\$ 249.87	\$ 1,064.81	\$ 271.70	\$ 283.06	\$ 664.76	-

Medical Rebate for employees hired on or before 12/31/15 ***	
12 month rate	\$ 665.51
11 month rate	\$ 726.01

Medical Rebate for employees hired on or after 1/1/2016 ****	
12 month rate	\$ 332.75
11 month rate	\$ 363.00

** Effective 06/27/2017 - Negotiated rate.

*** Effective 01/01/2016 - Negotiated fixed cap rate of \$665.51 per month.

**** Effective 01/01/2016 - Negotiated fixed cap rate of \$332.75 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
California Schools Employees Association, Unit 821

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	124.50
Total District Contributions **	\$ 1,729.30	\$ 1,729.30	\$ 1,729.30	\$ 1,608.90	\$ 1,719.55	\$ 1,729.30	\$ 1,236.91	\$ 1,729.30	\$ 1,729.30	\$ 1,729.30	\$ 1,729.30	\$ 1,729.30	\$ 1,729.30	124.50
Monthly Buy-up														
12 month rate	\$ 686.82	\$ 120.91	\$ 686.82	\$ -	\$ -	\$ 229.06	\$ -	\$ 930.34	\$ 209.05	\$ 956.08	\$ 229.06	\$ 239.47	\$ 589.37	-
11 month rate	\$ 749.26	\$ 131.90	\$ 749.26	\$ -	\$ -	\$ 249.88	\$ -	\$ 1,014.91	\$ 228.05	\$ 1,043.00	\$ 249.88	\$ 261.24	\$ 642.94	-

Medical Rebate for employees hired on or before 12/31/15 ***	
12 month rate	\$ 590.58
11 month rate	\$ 644.27

Medical Rebate for employees hired on or after 1/1/2016 ****	
12 month rate	\$ 250.00
11 month rate	\$ 272.73

** Effective 01/01/2020 - Negotiated rate.

*** Effective 01/01/2018 - Negotiated fixed cap rate of \$590.58 per month.

**** Effective 01/01/2018 - Negotiated fixed cap rate of \$250.00 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO 1-800-737-7776
Blue Cross/Anthem/PERS PPO 1-877-737-7776
Blue Shield 1-800-334-5847
Health Net 1-800-522-0088
Kaiser 1-800-464-4000
United Healthcare 1-877-359-3714
Western Health Advantage 1-888-942-7377
Delta Dental 1-866-499-3001
Medical Eye Vision 1-800-877-6372
Optum Health Chiropractic 1-800-428-6337

website-www.anthem.com/ca/calpers
website-www.anthem.com/ca/calpers
website-www.blueshield.com
website-www.healthnet.com
website-www.kp.org/calpers
website-www.uhc.com
website-www.westernhealth.com/calpers
website-www.deltadentalca.com
website-www.mesvision.com
website-www.optum.com

Rates Effective 01/01/2021
California Schools Employees Association, Unit 318

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	124.50
Total District Contributions **	\$ 2,316.12	\$ 1,850.21	\$ 2,316.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,316.12	\$ 1,938.35	\$ 2,316.12	\$ 1,958.36	\$ 1,968.77	\$ 2,316.12	124.50
Monthly Buy-up														
12 month rate	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ 343.52	\$ -	\$ 369.26	\$ -	\$ -	\$ 2.54	\$ -
11 month rate	\$ 109.09	\$ -	\$ 109.09	\$ -	\$ -	\$ -	\$ -	\$ 374.74	\$ -	\$ 402.83	\$ -	\$ -	\$ 2.77	\$ -

Medical Rebate ***	
12 month rate	\$ 553.71
11 month rate	\$ 604.04

** Effective 01/01/2006 Lowest Cost of Blue Shield Access - \$100.00.

Note: Plan Changed from HealthNet (HN) to Blue Shield Access after HN was no longer offered)

*** Effective 01/01/2003 50% of the Lowest Medical Plan Rate (PERS Select PPO)

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
Stockton Teachers Association

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 124.50
Total District Contributions **	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,608.90	\$ 1,719.55	\$ 1,719.55	\$ 1,236.91	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 124.50
Monthly Buy-up														
12 month rate	\$ 696.57	\$ 130.66	\$ 696.57	\$ -	\$ -	\$ 238.81	\$ -	\$ 940.09	\$ 218.80	\$ 965.83	\$ 238.81	\$ 249.23	\$ 599.12	\$ -
11 month rate	\$ 759.90	\$ 142.54	\$ 759.90	\$ -	\$ -	\$ 260.52	\$ -	\$ 1,025.55	\$ 238.69	\$ 1,053.63	\$ 260.52	\$ 271.88	\$ 653.58	\$ -

Medical Rebate for employees hired on or before 06/30/2015 ***		
12 month rate	\$	666.00
11 month rate	\$	726.55

Medical Rebate for employees hired on or after 7/01/2015 ****		
12 month rate	\$	283.00
11 month rate	\$	308.73

** Effective 01/01/2019 - Negotiated rate.

*** Effective 07/01/2020 40% of the Health Allowance pursuant to 4.1

**** Effective 07/01/2015 fixed cap rate of \$283.00 per month.

** Note: Commencing with the 2020 health plan year, the District's health benefit contribution shall be annually adjusted toward the cost of CalPERS Kaiser HMO Plan (including medical, dental, vision, chiro) as a coverage target, whether by increasing or decreasing by no more than \$100 a month (\$1,200 annually) as compared to the previous year's health benefit contribution amount.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO 1-855-839-4524
Blue Cross/Anthem/PERS PPO 1-877-737-7776
Blue Shield 1-800-334-5847
Health Net 1-800-522-0088
Kaiser 1-800-464-4000
United Healthcare 1-877-359-3714
Western Health Advantage 1-888-942-7377
Delta Dental 1-866-499-3001
Medical Eye Vision 1-800-877-6372
Optum Health Chiropractic 1-800-428-6337

website-www.anthem.com/calpers
website-www.anthem.com/calpers
website-www.blueshield.com
website-www.healthnet.com
website-www.kp.org/calpers
website-www.uhc.com
website-www.westernhealth.com/calpers
website-www.deltadentalca.com
website-www.mesvision.com
website-www.optum.com

Rates Effective 01/01/2021
Management/Confidential

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	HealthNet HMO	PORAC **** PPO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	\$ 1,644.97	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 1,774.47	124.50
Total District Contributions **	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,608.90	\$ 1,609.30	\$ 1,609.30	\$ 1,236.91	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	124.50
Monthly Buy-up															
12 month rate	\$ 806.82	\$ 240.91	\$ 806.82	\$ -	\$ 110.25	\$ 349.06	\$ -	\$ 1,050.34	\$ 329.05	\$ 1,076.08	\$ 349.06	\$ 359.47	\$ 709.37	\$ 165.17	-
11 month rate	\$ 880.17	\$ 262.81	\$ 880.17	\$ -	\$ 120.27	\$ 380.79	\$ -	\$ 1,145.82	\$ 358.96	\$ 1,173.90	\$ 380.79	\$ 392.15	\$ 773.85	\$ 180.19	-

Medical Rebate ***	
12 month rate	\$ 553.71
11 month rate	\$ 604.04

** District contribution rate Board Approved 05/14/2019

*** Effective 01/01/2016 50% of the Lowest Medical Plan Rate (PERS Select PPO)

**** Available to Police MGT only

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
Unrepresented

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 124.50
Total District Contributions *	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,608.90	\$ 1,609.30	\$ 1,609.30	\$ 1,236.91	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 124.50
Monthly Buy-up														
12 month rate	\$ 806.82	\$ 240.91	\$ 806.82	\$ -	\$ 110.25	\$ 349.06	\$ -	\$ 1,050.34	\$ 329.05	\$ 1,076.08	\$ 349.06	\$ 359.47	\$ 709.37	\$ -
11 month rate	\$ 880.17	\$ 262.81	\$ 880.17	\$ -	\$ 120.27	\$ 380.79	\$ -	\$ 1,145.82	\$ 358.96	\$ 1,173.90	\$ 380.79	\$ 392.15	\$ 773.85	\$ -

Medical Rebate ***	
12 month rate	\$ 553.71
11 month rate	\$ 604.04

** District contribution rate Board Approved 05/14/2019

*** Effective 01/01/2016 50% of the Lowest Medical Plan Rate (PERS Select PPO)

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Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
United Stockton Administrators

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 124.50
Total District Contributions **	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,608.90	\$ 1,709.30	\$ 1,709.30	\$ 1,236.91	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 1,709.30	\$ 124.50
Monthly Buy-up														
12 month rate	\$ 706.82	\$ 140.91	\$ 706.82	\$ -	\$ 10.25	\$ 249.06	\$ -	\$ 950.34	\$ 229.05	\$ 976.08	\$ 249.06	\$ 259.47	\$ 609.37	\$ -
11 month rate	\$ 771.08	\$ 153.72	\$ 771.08	\$ -	\$ 11.18	\$ 271.70	\$ -	\$ 1,036.73	\$ 249.87	\$ 1,064.81	\$ 271.70	\$ 283.06	\$ 664.76	\$ -

Medical Rebate for employees hired on or before 06/30/2012 ***	
12 month rate	\$ 512.79
11 month rate	\$ 559.41

Medical Rebate for USA members hired on or after 07/01/2012 ****	
12 month rate	\$ 256.40
11 month rate	\$ 279.70

** Effective 01/01/2019 - Negotiated Rate (May 2019).

***Effective 01/01/2020 - Negotiated Rate (May 2019) - 30% of the District's adjusted health benefit contribution for employees hired on or before 06/30/2012.

**** Effective 01/01/2020 - Negotiated Rate (May 2019) - 15% of the District's adjusted health benefit contribution for employees hired after 06/30/2012.

** Note: Effective January 1, 2020, Health Benefit Contribution (medical, dental, vision, chiro) shall be adjusted annually based on the monthly premium for the least expensive HMO plan (excluding Western Health Advantage) by increasing or decreasing the amount of the District health benefit contribution by no more than \$100 a month (\$1,200 annually) as compared to the previous year's health benefit contribution amount.

** 2020 Rate - The least expensive HMO Plan is Kaiser, which has an increased rate of \$33.95/mo (12month) or \$407.40/year. The District Contribution will be equal to the cost of Kaiser plus, dental, vision, and chiro).

***Note: Commencing with January 1, 2020, the District shall apy 30% of the adjusted health benefit contribution as a medical rebate to eligible employees hired on or before June 30, 2012 and 15% for all employees hired after June 30, 2012.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
Stockton Pupil Personnel Association

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 124.50
Total District Contributions **	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,608.90	\$ 1,609.30	\$ 1,609.30	\$ 1,236.91	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 124.50
Monthly Buy-up														
12 month rate	\$ 806.82	\$ 240.91	\$ 806.82	\$ -	\$ 110.25	\$ 349.06	\$ -	\$ 1,050.34	\$ 329.05	\$ 1,076.08	\$ 349.06	\$ 359.47	\$ 709.37	\$ -
11 month rate	\$ 880.17	\$ 262.81	\$ 880.17	\$ -	\$ 120.27	\$ 380.79	\$ -	\$ 1,145.82	\$ 358.96	\$ 1,173.90	\$ 380.79	\$ 392.15	\$ 773.85	\$ -

Medical Rebate for employees hired on or before 06/30/15 ***	
12 month rate	\$ 739.90
11 month rate	\$ 807.16

Medical Rebate for employees hired on or after 7/1/2015 ****	
12 month rate	\$ 283.00
11 month rate	\$ 308.73

** Effective 03/01/2019 - Negotiated Rate

***Effective 02/13/2019 - Negotiated flat rate of \$739.90

**** Effective 01/01/2016 - Negotiated Rate - Fixed cap rate of \$283.00 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
Stockton Unified Supervisory Unit

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	124.50
Total District Contributions **	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,608.90	\$ 1,609.30	\$ 1,609.30	\$ 1,236.91	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	124.50
Monthly Buy-up														
12 month rate	\$ 806.82	\$ 240.91	\$ 806.82	\$ -	\$ 110.25	\$ 349.06	\$ -	\$ 1,050.34	\$ 329.05	\$ 1,076.08	\$ 349.06	\$ 359.47	\$ 709.37	-
11 month rate	\$ 880.17	\$ 262.81	\$ 880.17	\$ -	\$ 120.27	\$ 380.79	\$ -	\$ 1,145.82	\$ 358.96	\$ 1,173.90	\$ 380.79	\$ 392.15	\$ 773.85	-

Medical Rebate for employees hired on or before 12/31/16 ***	
12 month rate	\$ 650.00
11 month rate	\$ 709.09

Medical Rebate for employees hired on or after 1/1/2017 ****	
12 month rate	\$ 250.00
11 month rate	\$ 272.73

** Effective 06/27/17 - Negotiated Rate.

*** Effective 01/01/2017 - Negotiated Rate - Fixed cap rate of \$650.00 per month for employees hired before 01/01/2017.

**** Effective 01/01/2017 - Negotiated Rate - Fixed cap rate of \$250.00 per month for employees hired on or after 01/01/2017.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
Operating Engineers Local No. 3, Police Unit

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trío HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	PORAC PPO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	\$ 1,644.97	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 1,774.47	\$ 124.50
Total District Contributions **	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,608.90	\$ 1,609.30	\$ 1,609.30	\$ 1,236.91	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 1,609.30	\$ 124.50
Monthly Buy-up															
12 month rate	\$ 806.82	\$ 240.91	\$ 806.82	\$ -	\$ 110.25	\$ 349.06	\$ -	\$ 1,050.34	\$ 329.05	\$ 1,076.08	\$ 349.06	\$ 359.47	\$ 709.37	\$ 165.17	\$ -
11 month rate	\$ 880.17	\$ 262.81	\$ 880.17	\$ -	\$ 120.27	\$ 380.79	\$ -	\$ 1,145.82	\$ 358.96	\$ 1,173.90	\$ 380.79	\$ 392.15	\$ 773.85	\$ 180.19	\$ -

Medical Rebate for employees hired on or before 6/30/2016 ***
12 month rate \$ 553.71

Medical Rebate for employees hired on or after 7/1/2016 ****
12 month rate \$ 276.85

** Effective 07/01/2017 - Negotiated rate.

*** Effective 01/01/2003 50% of the Lowest Medical Plan Rate (PERS Select PPO)

**** Effective 01/01/2020 25% of the Lowest Medical Plan Rate (PERS Select PPO)

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com

Rates Effective 01/01/2021
Board of Trustees

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	124.50
Total District Contributions **	\$ 2,316.12	\$ 1,850.21	\$ 2,316.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,316.12	\$ 1,938.35	\$ 2,316.12	\$ 1,958.36	\$ 1,968.77	\$ 2,316.12	124.50
Monthly Buy-up														
12 month rate	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ 343.52	\$ -	\$ 369.26	\$ -	\$ -	\$ 2.54	\$ -
11 month rate	\$ 109.09	\$ -	\$ 109.09	\$ -	\$ -	\$ -	\$ -	\$ 374.74	\$ -	\$ 402.83	\$ -	\$ -	\$ 2.77	\$ -
Medical Rebate **														
12 month rate		\$ 553.71												
11 month rate		\$ 604.04												

** BP 9250 - Benefits no greater than those received by non-safety employees with the most generous schedule (CSEA 318)

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-800-737-7776	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com