

Rates Effective 01/01/2021  
Unrepresented

| Benefit Plan                   | Blue Shield<br>Access +<br>HMO | Blue Shield<br>Trio<br>HMO | Blue Shield<br>EPO | Western Health<br>Advantage<br>HMO | Kaiser<br>HMO | PERS<br>Choice<br>PPO | PERS<br>Select<br>PPO | PERS<br>Care<br>PPO | Anthem<br>Select<br>HMO | Anthem<br>Traditional<br>HMO | Anthem<br>EPO Del Norte<br>EPO | United<br>Healthcare<br>HMO | HealthNet<br>HMO | Medical<br>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         |
| <b>Monthly Buy-up</b>          |                                |                            |                    |                                    |               |                       |                       |                     |                         |                              |                                |                             |                  |                   |
| 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        | \$ -              |

| <b>Medical Rebate ***</b> |           |
|---------------------------|-----------|
| 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)

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                 |