

CV HEALTH INSURANCE PREMIUMS - \$15,000 CAP

RATES EFFECTIVE: JANUARY 2020 – DECEMBER 2020

LOS ANGELES AREAS

(Los Angeles, Riverside, San Bernardino Counties)

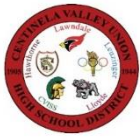
BASIC HMO

| Anthem HMO Select | Plan Code | CVUHSD Cost Per 10 Months | CalPERS Cost Per 12 Months |
|-------------------------------|-----------|--------------------------------------|---------------------------------------|
| Employee Only | 5081 | \$743.92 | \$619.93 |
| Employee & 1 Dependent | 5082 | \$1,487.83 | \$1,239.86 |
| Employee & 2+ Dependents | 5083 | \$1,934.18 | \$1,611.82 |
| Anthem HMO Traditional | Plan Code | | |
| Employee Only | 5111 | \$1,083.16 | \$902.63 |
| Employee & 1 Dependent | 5112 | \$2,166.31 | \$1,805.26 |
| Employee & 2+ Dependents | 5113 | \$2,816.21 | \$2,346.84 |
| Blue Shield ACCESS+ | Plan Code | | |
| Employee Only | 5271 | \$975.80 | \$813.17 |
| Employee & 1 Dependent | 5272 | \$1,951.61 | \$1,626.34 |
| Employee & 2+ Dependents | 5273 | \$2,537.09 | \$2,114.24 |
| Blue Shield Trio | Plan Code | | |
| Employee Only | 4521 | \$749.92 | \$624.93 |
| Employee & 1 Dependent | 4522 | \$1,499.83 | \$1,249.86 |
| Employee & 2+ Dependents | 4523 | \$1,949.78 | \$1,624.82 |
| Health Net Salud y Mas | Plan Code | | |
| Employee Only | 5321 | \$470.77 | \$392.31 |
| Employee & 1 Dependent | 5322 | \$941.54 | \$784.62 |
| Employee & 2+ Dependents | 5323 | \$1,224.01 | \$1,020.01 |
| Health Net SmartCare | Plan Code | | |
| Employee Only | 5301 | \$778.10 | \$648.42 |
| Employee & 1 Dependent | 5302 | \$1,556.21 | \$1,296.84 |
| Employee & 2+ Dependents | 5303 | \$2,023.07 | \$1,685.89 |
| KAISER | Plan Code | | |
| Employee Only | 5351 | \$797.27 | \$664.39 |
| Employee & 1 Dependent | 5352 | \$1,594.54 | \$1,328.78 |
| Employee & 2+ Dependents | 5353 | \$2,072.89 | \$1,727.41 |
| United Healthcare | Plan Code | | |
| Employee Only | 5781 | \$801.97 | \$668.31 |
| Employee & 1 Dependent | 5782 | \$1,603.94 | \$1,336.62 |
| Employee & 2+ Dependents | 5783 | \$2,085.13 | \$1,737.61 |

| PREFERRED PROVIDER (PPO) AND INDEMNITY PLANS | | | |
|---|-----------|------------|------------|
| PERS SELECT | Plan Code | | |
| Employee Only | 5591 | \$522.89 | \$435.74 |
| Employee & 1 Dependent | 5592 | \$1,045.78 | \$871.48 |
| Employee & 2+ Dependents | 5593 | \$1,359.50 | \$1,132.92 |
| PERS CHOICE | Plan Code | | |
| Employee Only | 5501 | \$852.35 | \$710.29 |
| Employee & 1 Dependent | 5502 | \$1,704.70 | \$1,420.58 |
| Employee & 2+ Dependents | 5503 | \$2,216.10 | \$1,846.75 |
| PERS CARE | Plan Code | | |
| Employee Only | 5681 | \$1,117.34 | \$931.12 |
| Employee & 1 Dependent | 5682 | \$2,234.69 | \$1,862.24 |
| Employee & 2+ Dependents | 5683 | \$2,905.09 | \$2,420.91 |

OTHER: (All Counties)

| Delta Dental | Cost Per 10 Months | Cost Per 12 Months |
|--|---------------------------|---------------------------|
| Employee Only | \$75.90 | \$63.25 |
| Employee & 1 Dependent | \$129.40 | \$107.83 |
| Employee & 2+ Dependents | \$199.10 | \$165.92 |
| VSP – VISION | | |
| Employee Only | \$10.20 | \$8.50 |
| Employee & 1 Dependent | \$14.80 | \$12.33 |
| Employee & 2+ Dependents | \$26.50 | \$22.08 |
| MetLife | | |
| Employee | \$9.36 | \$7.80 |
| Employee plus Dependents (\$2000) | \$10.08 | \$8.40 |
| Employee (65 to 69 Years Old) | \$6.08 | \$5.07 |
| Employee (65 to 69 Years Old) plus Dependent | \$6.80 | \$5.67 |
| Employee (70+ Years Old) | \$4.68 | \$3.90 |
| Employee (70+ Years Old) plus Dependent | \$5.40 | \$4.50 |



HEALTH INSURANCE PREMIUMS - \$15,000 CAP

RATES EFFECTIVE: JANUARY 2020 – DECEMBER 2020

OTHER SOUTHERN CALIFORNIA AREAS

(Orange, San Diego, Santa Barbara and Ventura Counties)

BASIC HMO

| Anthem HMO Select | Plan Code | CVUHS Cost Per 10 Months | CalPERS Cost Per 12 Months |
|-------------------------------|-----------|-------------------------------------|---------------------------------------|
| Employee Only | 5071 | \$784.85 | \$654.04 |
| Employee & 1 Dependent | 5072 | \$1,569.70 | \$1,308.08 |
| Employee & 2+ Dependents | 5073 | \$2,040.60 | \$1,700.50 |
| Anthem HMO Traditional | Plan Code | | |
| Employee Only | 5101 | \$1,121.94 | \$934.95 |
| Employee & 1 Dependent | 5102 | \$2,243.88 | \$1,869.90 |
| Employee & 2+ Dependents | 5103 | \$2,917.04 | \$2,430.87 |
| BLUE SHIELD ACCESS+ | Plan Code | | |
| Employee Only | 5261 | \$1,091.84 | \$909.87 |
| Employee & 1 Dependent | 5262 | \$2,183.69 | \$1,819.74 |
| Employee & 2+ Dependents | 5263 | \$2,838.79 | \$2,365.66 |
| Health Net Salud y Mas | Plan Code | | |
| Employee Only | 5311 | \$522.17 | \$435.14 |
| Employee & 1 Dependent | 5312 | \$1,044.34 | \$870.28 |
| Employee & 2+ Dependents | 5313 | \$1,357.63 | \$1,131.36 |
| Health Net SmartCare | Plan Code | | |
| Employee Only | 5291 | \$863.11 | \$719.26 |
| Employee & 1 Dependent | 5292 | \$1,726.22 | \$1,438.52 |
| Employee & 2+ Dependents | 5293 | \$2,244.10 | \$1,870.08 |
| KAISER | Plan Code | | |
| Employee Only | 5341 | \$774.29 | \$645.24 |
| Employee & 1 Dependent | 5342 | \$1,548.58 | \$1,290.48 |
| Employee & 2+ Dependents | 5343 | \$2,013.14 | \$1,677.62 |
| United Healthcare | Plan Code | | |
| Employee Only | 5771 | \$805.92 | \$671.60 |
| Employee & 1 Dependent | 5772 | \$1,611.84 | \$1,343.20 |
| Employee & 2+ Dependents | 5773 | \$2,095.39 | \$1,746.16 |

PREFERRED PROVIDERS (PPO) AND INDEMNITY PLANS

| PERS SELECT - SOUTH | Plan Code | | |
|----------------------------|-----------|------------|------------|
| Employee Only | 5581 | \$541.85 | \$451.54 |
| Employee & 1 Dependent | 5582 | \$1,083.70 | \$903.08 |
| Employee & 2+ Dependents | 5583 | \$1,408.80 | \$1,174.00 |
| PERS CHOICE - SOUTH | Plan Code | | |
| Employee Only | 5491 | \$883.54 | \$736.28 |
| Employee & 1 Dependent | 5492 | \$1,767.07 | \$1,472.56 |
| Employee & 2+ Dependents | 5493 | \$2,297.20 | \$1,914.33 |
| PERS CARE - SOUTH | Plan Code | | |
| Employee Only | 5671 | \$1,183.99 | \$986.66 |
| Employee & 1 Dependent | 5672 | \$2,367.98 | \$1,973.32 |
| Employee & 2+ Dependents | 5673 | \$3,078.38 | \$2,565.32 |

OTHER: (All Counties)

| Delta Dental | Cost Per 10 Months | Cost Per 12 Months |
|--|---------------------------|---------------------------|
| Employee Only | \$75.90 | \$63.25 |
| Employee & 1 Dependent | \$129.40 | \$107.83 |
| Employee & 2+ Dependents | \$199.10 | \$165.92 |
| VSP – VISION | | |
| Employee Only | \$10.20 | \$8.50 |
| Employee & 1 Dependent | \$14.80 | \$12.33 |
| Employee & 2+ Dependents | \$26.50 | \$22.08 |
| MetLife | | |
| Employee | \$9.36 | \$7.80 |
| Employee plus Dependents (\$2000) | \$10.08 | \$8.40 |
| Employee (65 to 69 Years Old) | \$6.08 | \$5.07 |
| Employee (65 to 69 Years Old) plus Dependent | \$6.80 | \$5.67 |
| Employee (70+ Years Old) | \$4.68 | \$3.90 |
| Employee (70+ Years Old) plus Dependent | \$5.40 | \$4.50 |