



CV HEALTH INSURANCE PREMIUMS - \$16,500 CAP

RATES EFFECTIVE: JANUARY 2021 – DECEMBER 2021

LOS ANGELES AREAS – Region 3

(Los Angeles, Riverside, San Bernardino Counties)

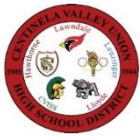
BASIC HMO

Anthem HMO Select	Plan Code	CVUHSD Cost Per 10 Months	CalPERS Cost Per 12 Months
Employee Only	5081	\$766.92	\$639.10
Employee & 1 Dependent	5082	\$1,533.84	\$1,278.20
Employee & 2+ Dependents	5083	\$1,993.99	\$1,661.66
Anthem HMO Traditional	Plan Code		
Employee Only	5111	\$1,181.05	\$984.21
Employee & 1 Dependent	5112	\$2,362.10	\$1,968.42
Employee & 2+ Dependents	5113	\$3,070.74	\$2,558.95
Blue Shield ACCESS+	Plan Code		
Employee Only	5271	\$1001.86	\$834.88
Employee & 1 Dependent	5272	\$2003.71	\$1,669.76
Employee & 2+ Dependents	5273	\$2,604.83	\$2,170.69
Blue Shield Trio	Plan Code		
Employee Only	4521	\$792.59	\$660.49
Employee & 1 Dependent	4522	\$1,585.18	\$1,320.98
Employee & 2+ Dependents	4523	\$2,060.72	\$1,717.27
Health Net Salud y Mas	Plan Code		
Employee Only	5321	\$495.46	\$412.88
Employee & 1 Dependent	5322	\$990.91	\$825.76
Employee & 2+ Dependents	5323	\$1,288.19	\$1,073.49
Health Net SmartCare	Plan Code		
Employee Only	5301	\$829.78	\$691.48
Employee & 1 Dependent	5302	\$1,659.55	\$1,382.96
Employee & 2+ Dependents	5303	\$2,157.42	\$1,797.85
KAISER	Plan Code		
Employee Only	5351	\$803.81	\$669.84
Employee & 1 Dependent	5352	\$1,607.62	\$1,339.68
Employee & 2+ Dependents	5353	\$2,089.90	\$1,741.58
United Healthcare	Plan Code		
Employee Only	5781	\$865.07	\$720.89
Employee & 1 Dependent	5782	\$1,730.14	\$1,441.78
Employee & 2+ Dependents	5783	\$2,249.17	\$1,874.31

PREFERRED PROVIDER (PPO) AND INDEMNITY PLANS			
PERS SELECT	Plan Code		
Employee Only	5591	\$551.93	\$459.94
Employee & 1 Dependent	5592	\$1,103.86	\$919.88
Employee & 2+ Dependents	5593	\$1,435.01	\$1,195.84
PERS CHOICE	Plan Code		
Employee Only	5501	\$913.48	\$761.23
Employee & 1 Dependent	5502	\$1,826.95	\$1,522.46
Employee & 2+ Dependents	5503	\$2,375.04	\$1,979.20
PERS CARE	Plan Code		
Employee Only	5681	\$1,243.28	\$1,036.07
Employee & 1 Dependent	5682	\$2,486.57	\$2,072.14
Employee & 2+ Dependents	5683	\$3,232.54	\$2,693.78

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



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RATES EFFECTIVE: JANUARY 2021 – DECEMBER 2021

OTHER SOUTHERN CALIFORNIA AREAS – Region 2

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

BASIC HMO

Anthem HMO Select	Plan Code	CVUHSD Cost Per 10 Months	CalPERS Cost Per 12 Months
Employee Only	5071	\$809.63	\$674.69
Employee & 1 Dependent	5072	\$1,619.26	\$1,349.38
Employee & 2+ Dependents	5073	\$2,105.03	\$1,754.19
Anthem HMO Traditional	Plan Code		
Employee Only	5101	\$1,255.25	\$1,046.04
Employee & 1 Dependent	5102	\$2,510.50	\$2,092.08
Employee & 2+ Dependents	5103	\$3,263.64	\$2,719.70
BLUE SHIELD ACCESS+	Plan Code		
Employee Only	5261	\$1,126.75	\$938.96
Employee & 1 Dependent	5262	\$2,253.50	\$1,877.92
Employee & 2+ Dependents	5263	\$2,929.56	\$2,441.30
BLUE SHIELD Trio – SB & Ventura Co. Only	Plan Code		
Employee Only	0881	\$867.07	\$722.56
Employee & 1 Dependent	0882	\$1,734.14	\$1,445.12
Employee & 2+ Dependents	0883	\$2,254.39	\$1,878.66
Health Net Salud y Mas	Plan Code		
Employee Only	5311	\$550.39	\$458.66
Employee & 1 Dependent	5312	\$1,100.78	\$917.32
Employee & 2+ Dependents	5313	\$1,431.02	\$1,192.52
Health Net SmartCare	Plan Code		
Employee Only	5291	\$922.93	\$769.11
Employee & 1 Dependent	5292	\$1,845.86	\$1,538.22
Employee & 2+ Dependents	5293	\$2,399.63	\$1,999.69
KAISER	Plan Code		
Employee Only	5341	\$803.72	\$669.77
Employee & 1 Dependent	5342	\$1,607.45	\$1,339.54
Employee & 2+ Dependents	5343	\$2,089.68	\$1,741.40
United Healthcare	Plan Code		
Employee Only	5771	\$868.61	\$723.84
Employee & 1 Dependent	5772	\$1,737.22	\$1,447.68
Employee & 2+ Dependents	5773	\$2,258.38	\$1,881.98

PREFERRED PROVIDERS (PPO) AND INDEMNITY PLANS

PERS SELECT - SOUTH	Plan Code		
Employee Only	5581	\$572.30	\$476.92
Employee & 1 Dependent	5582	\$1,144.61	\$953.84
Employee & 2+ Dependents	5583	\$1,487.99	\$1,239.99
PERS CHOICE - SOUTH	Plan Code		
Employee Only	5491	\$939.83	\$783.19
Employee & 1 Dependent	5492	\$1,879.66	\$1,566.38
Employee & 2+ Dependents	5493	\$2,443.55	\$2,036.29
PERS CARE - SOUTH	Plan Code		
Employee Only	5671	\$1,338.82	\$1,115.68
Employee & 1 Dependent	5672	\$2,677.63	\$2,231.36
Employee & 2+ Dependents	5673	\$3,480.92	\$2,900.77

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