

CV HEALTH INSURANCE PREMIUMS - \$18,000 CAP

RATES EFFECTIVE: JANUARY 2022 – DECEMBER 2022

LOS ANGELES AREAS – Region 3

(Los Angeles, Riverside, San Bernardino Counties)

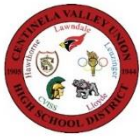
BASIC HMO

Anthem HMO Select	Plan Code	CVUHSD Cost Per Month (10 Months)	CalPERS Cost Per Month (12 Months)
Employee Only	5081	\$811.78	\$676.48
Employee & 1 Dependent	5082	\$1,623.55	\$1,352.96
Employee & 2+ Dependents	5083	\$2,110.62	\$1,758.85
Anthem HMO Traditional	Plan Code		
Employee Only	5111	\$1,122.68	\$935.57
Employee & 1 Dependent	5112	\$2,245.37	\$1,871.14
Employee & 2+ Dependents	5113	\$2,918.98	\$2,432.48
Blue Shield ACCESS+	Plan Code		
Employee Only	5271	\$935.84	\$779.87
Employee & 1 Dependent	5272	\$1,871.69	\$1,559.74
Employee & 2+ Dependents	5273	\$2,433.19	\$2,027.66
Blue Shield Trio	Plan Code		
Employee Only	4521	\$801.76	\$668.13
Employee & 1 Dependent	4522	\$1,603.51	\$1,336.26
Employee & 2+ Dependents	4523	\$2,084.57	\$1,737.14
Health Net Salud y Mas	Plan Code		
Employee Only	5321	\$556.64	\$463.87
Employee & 1 Dependent	5322	\$1,113.29	\$927.74
Employee & 2+ Dependents	5323	\$1,447.27	\$1,206.06
Health Net SmartCare	Plan Code		
Employee Only	5301	\$917.95	\$764.96
Employee & 1 Dependent	5302	\$1,835.90	\$1,529.92
Employee & 2+ Dependents	5303	\$2,386.68	\$1,988.90
KAISER	Plan Code		
Employee Only	5351	\$863.74	\$719.78
Employee & 1 Dependent	5352	\$1,727.47	\$1,439.56
Employee & 2+ Dependents	5353	\$2,245.72	\$1,871.43
United Healthcare - Alliance	Plan Code		
Employee Only	5781	\$926.22	\$771.85
Employee & 1 Dependent	5782	\$1,852.44	\$1,543.70
Employee & 2+ Dependents	5783	\$2,408.17	\$2,006.81
United Healthcare - Harmony	Plan Code		
Employee Only	4751	\$857.14	\$714.28
Employee & 1 Dependent	4752	\$1,714.27	\$1,428.56
Employee & 2+ Dependents	4753	\$2,228.56	\$1,857.13

PREFERRED PROVIDER (PPO) AND INDEMNITY PLANS			
PERS GOLD	Plan Code	Cost Per Month (10 Months)	Cost Per Month (12 Months)
Employee Only	6151	\$690.67	\$575.56
Employee & 1 Dependent	6152	\$1,381.34	\$1,151.12
Employee & 2+ Dependents	6153	\$1,795.75	\$1,496.46
PERS PLATINUM	Plan Code		
Employee Only	6031	\$1,036.04	\$863.37
Employee & 1 Dependent	6032	\$2,072.09	\$1,726.74
Employee & 2+ Dependents	6033	\$2,693.71	\$2,244.76

OTHER: (All Counties)

Delta Dental	Cost Per Month (10 Months)	Cost Per Month (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



HEALTH INSURANCE PREMIUMS - \$18,000 CAP

RATES EFFECTIVE: JANUARY 2022 – DECEMBER 2022

OTHER SOUTHERN CALIFORNIA AREAS – Region 2

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

BASIC HMO

	Plan Code	CVUHS Cost Per Month (10 Months)	CalPERS Cost Per Month (12 Months)
Anthem HMO Select			
Employee Only	5071	\$854.92	\$712.43
Employee & 1 Dependent	5072	\$1,709.83	\$1,424.86
Employee & 2+ Dependents	5073	\$2,222.78	\$1,852.32
Anthem HMO Traditional			
	Plan Code		
Employee Only	5101	\$1,208.56	\$1,007.13
Employee & 1 Dependent	5102	\$2,417.11	\$2,014.26
Employee & 2+ Dependents	5103	\$3,142.25	\$2,618.54
BLUE SHIELD ACCESS+			
	Plan Code		
Employee Only	5261	\$1,080.26	\$900.22
Employee & 1 Dependent	5262	\$2,160.53	\$1,800.44
Employee & 2+ Dependents	5263	\$2,808.68	\$2,340.57
BLUE SHIELD Trio			
	Plan Code	Orange, SB & Ventura Co. Only	
Employee Only	0881	\$891.24	\$742.70
Employee & 1 Dependent	0882	\$1,782.48	\$1,485.40
Employee & 2+ Dependents	0883	\$2,317.22	\$1,931.02
Health Net Salud y Mas			
	Plan Code		
Employee Only	5311	\$657.91	\$548.26
Employee & 1 Dependent	5312	\$1,315.82	\$1,096.52
Employee & 2+ Dependents	5313	\$1,710.58	\$1,425.48
Health Net SmartCare			
	Plan Code		
Employee Only	5291	\$1,014.83	\$845.69
Employee & 1 Dependent	5292	\$2,029.66	\$1,691.38
Employee & 2+ Dependents	5293	\$2,638.55	\$2,198.79
KAISER			
	Plan Code		
Employee Only	5341	\$847.22	\$706.02
Employee & 1 Dependent	5342	\$1,694.45	\$1,412.04
Employee & 2+ Dependents	5343	\$2,202.78	\$1,835.65
United Healthcare - Alliance			
	Plan Code		
Employee Only	5771	\$930.11	\$775.09
Employee & 1 Dependent	5772	\$1,860.22	\$1,550.18
Employee & 2+ Dependents	5773	\$2,418.28	\$2,015.23
United Healthcare - Harmony			
	Plan Code		
Employee Only	3991	\$939.29	\$782.74
Employee & 1 Dependent	3992	\$1,878.58	\$1,565.48
Employee & 2+ Dependents	3993	\$2,442.14	\$2,035.12

PREFERRED PROVIDERS (PPO) AND INDEMNITY PLANS

PERS GOLD – Region 2	Plan Code	Cost Per Month (10 Months)	Cost Per Month (12 Months)
Employee Only	6141	\$705.34	\$587.78
Employee & 1 Dependent	6142	\$1,410.67	\$1,175.56
Employee & 2+ Dependents	6143	\$1,833.88	\$1,528.23
PERS PLATINUM – Region 2	Plan Code		
Employee Only	6021	\$1,058.62	\$882.18
Employee & 1 Dependent	6022	\$2,117.23	\$1,764.36
Employee & 2+ Dependents	6023	\$2,752.40	\$2,293.67

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
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