

CalPERS Health Monthly Premiums for Contracting Agencies - Region 1

<p>Effective 01/01/21, the County maximum monthly contribution is:</p> <p>Units 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 16X, 17, 18, 19, 30, 60, 61 and 62 - \$1,586.60</p> <p>Extra Help Unrepresented Unit 00 - \$1,189.94 Represented Extra Help Units 82, 87, 89 and 90 - \$1,044.88</p>	<p>Employees who elect Employee Only coverage, will receive no more than \$334.58 per month as cash back.</p> <p>Employees who Waive coverage will receive no more than \$357.00 per month as cash back.</p> <hr/> <p style="text-align: center;">Contributions are subject to change if a new/successor MOU is ratified with changes to County contribution</p>	<p>Employees who elect Employee Plus Two or More Coverage in Units 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 16X, 17, 18, 19, 30, 60, 61 and 62 receive a \$50.00/month supplemental County contribution into the cafeteria plan. Employees in Units 2, 5, 7, 8, 9, 10, 12 and 30 may be eligible to receive \$80.00 in lieu of the \$50.00/month contribution (see MOU or PSR for qualifications).</p> <p>This contribution shall end at the expiration of the collective bargaining agreement. Please see MOU or PSR for expiration date.</p>
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Plan	2021 (Region #1)						2020 (Region #1)					
	Single	Plan Code	2-Party	Plan Code	Family	Plan Code	Single	Plan Code	2-Party	Plan Code	Family	Plan Code
Anthem HMO Select *	\$ 925.60	5061	\$ 1,851.20	5062	\$ 2,406.56	5063	\$ 868.98	5061	\$ 1,737.96	5062	\$ 2,259.35	5063
Anthem HMO Traditional	\$ 1,307.86	5091	\$ 2,615.72	5092	\$ 3,400.44	5093	\$ 1,184.84	5091	\$ 2,369.68	5092	\$ 3,080.58	5093
Anthem EPO Del Norte *	\$ 935.84	5041	\$ 1,871.68	5042	\$ 2,433.18	5043	\$ 861.18	5041	\$ 1,722.36	5042	\$ 2,239.07	5043
Blue Shield Access+ *	\$ 1,170.08	5251	\$ 2,340.16	5252	\$ 3,042.21	5253	\$ 1,127.77	5251	\$ 2,255.54	5252	\$ 2,932.20	5253
Blue Shield Trio *	\$ 880.50	4511	\$ 1,761.00	4512	\$ 2,289.30	4513	\$ 833.00	4511	\$ 1,666.00	4512	\$ 2,165.80	4513
Health Net SmartCare	\$ 1,120.21	5281	\$ 2,240.42	5282	\$ 2,912.55	5283	\$ 1,000.52	5281	\$ 2,001.04	5282	\$ 2,601.35	5283
Kaiser Permanente	\$ 813.64	5331	\$ 1,627.28	5332	\$ 2,115.46	5333	\$ 768.49	5331	\$ 1,536.98	5332	\$ 1,998.07	5333
UnitedHealthcare *	\$ 941.17	5761	\$ 1,882.34	5762	\$ 2,447.04	5763	\$ 899.94	5761	\$ 1,799.88	5762	\$ 2,339.84	5763
Western Health Advantage	\$ 757.02	5911	\$ 1,514.04	5912	\$ 1,968.25	5913	\$ 731.96	5911	\$ 1,463.92	5912	\$ 1,903.10	5913
PERS Choice PPO	\$ 935.84	5481	\$ 1,871.68	5482	\$ 2,433.18	5483	\$ 861.18	5481	\$ 1,722.36	5482	\$ 2,239.07	5483
PERS Select PPO	\$ 566.67	5571	\$ 1,133.34	5572	\$ 1,473.34	5573	\$ 520.29	5571	\$ 1,040.58	5572	\$ 1,352.75	5573
PERS Care PPO	\$ 1,294.69	5661	\$ 2,589.38	5662	\$ 3,366.19	5663	\$ 1,133.14	5661	\$ 2,266.28	5662	\$ 2,946.16	5663
PORAC	\$ 799.00	5921	\$ 1,725.00	5922	\$ 2,199.00	5923	\$ 774.00	5921	\$ 1,699.00	5922	\$ 2,199.00	5923
<i>* Plan not available in Solano County</i>												

Anthem HMO Select is available in Alameda, Contra Costa, El Dorado, Monterey, Placer, Sacramento, San Francisco, San Joaquin, Santa Clara, Santa Cruz, and Stanislaus Counties

Anthem EPO Del Norte is only available in Del Norte **County**

Blue Shield Access+ is **NOT** available in Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, **Solano**, and Sonoma Counties

Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento and Yolo Counties

Blue Shield EPO is only available in Colusa, Mendocino, and Sierra Counties

Health Net SmartCare is available in Alameda, Contra Costa, Marin, Napa, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, **Solano**, and Sonoma Counties

UnitedHealthcare is only available in El Dorado, Placer, Sacramento, and Yolo Counties

Western Health Advantage is available in El Dorado, Marin, Napa, Placer, Sacramento, **Solano**, Sonoma, and Yolo Counties