

## 2019 Benefit Plan Premiums

Health Plans	SINGLE (Employee only)	2 PARTY (Employee + 1 dependent)	FAMILY (Employee + 2 or more dependents)
Anthem EPO Del Norte	\$764.78	\$1,529.56	\$1,988.43
Anthem HMO Select	742.89	1,485.78	1,931.51
Anthem Traditional HMO	1,034.48	2,068.96	2,689.65
Blue Shield Access+	799.03	1,598.06	2,077.48
Blue Shield EPO	799.03	1,598.06	2,077.48
CAHP***	697.46	1,354.01	1,770.92
CCPOA (No. Cal.)	754.96	1,513.14	2,042.88
CCPOA (So. Cal.)	622.54	1,248.25	1,686.69
Health Net Salud y Más	376.89	753.78	979.91
Health Net SmartCare	728.70	1,457.40	1,894.62
Kaiser (CA)	708.39	1,416.78	1,841.81
Kaiser Out-of-State	964.68	1,929.36	2,508.17
PERS Choice (PPO)	764.78	1,529.56	1,988.43
PERSCare (PPO)	929.89	1,859.78	2,417.71
PERS Select (PPO)	492.24	984.48	1,279.82
PORAC	774.00	1,623.00	2,076.00
Sharp	593.66	1,187.32	1,543.52
United HealthCare	695.77	1,391.54	1,809.00
Western Health Advantage	706.79	1,413.58	1,837.65

### Dental Plans

#### Delta Dental Plans

Delta Dental Premier (Basic)*	\$50.83	\$88.75	\$128.28
Delta Dental Premier (Enhanced)**	52.87	104.06	146.18
Delta PPO	46.45	90.31	135.88

#### Pre-Paid Dental Plans

SafeGuard (Standard)*	\$15.74	\$25.50	\$35.71
SafeGuard (Enhanced)**	16.06	27.18	33.48
DeltaCare USA	19.44	31.90	44.13
Premier Access	15.80	25.59	35.84
Western Dental	15.77	26.02	36.91

### Vision Plans

Basic Plan	\$8.64	\$8.64	\$8.64
Premier Plan****	8.84	17.68	28.46

\* Available to represented employees.

\*\* Available to excluded employees.

\*\*\* For CAHP members seeking further information on CAHP plan premiums, please contact the CAHP directly. Health plan rates shown are subsidized rates for supervisory (S05) or managerial (M05) employees enrolled in the CAHP Health Benefit Trust Prudent Buyer Plan.

\*\*\*\* Premier Vision Plan rates include a state contribution component of \$8.64. The employee share is shown here.