

2020 Benefit Plan Premiums

Health Plans	SINGLE (Employee only)	2 PARTY (Employee + 1 dependent)	FAMILY (Employee + 2 or more dependents)
Anthem EPO Del Norte	\$787.00	\$1,574.00	\$2,046.20
Anthem HMO Select	787.79	1,575.58	2,048.25
Anthem Traditional HMO	1,115.75	2,231.50	2,900.95
Blue Shield Access+	910.16	1,820.32	2,366.42
Blue Shield EPO	910.16	1,820.32	2,366.42
Blue Shield Trio	701.06	1,402.12	1,822.76
CAHP***	718.38	1,394.63	1,824.05
CCPOA (No. Cal.)	804.44	1,612.51	2,177.10
CCPOA (So. Cal.)	663.31	1,330.19	1,797.48
Health Net Salud y Más	403.55	807.10	1,049.23
Health Net SmartCare	860.96	1,721.92	2,238.50
Kaiser (CA)	730.05	1,460.10	1,898.13
Kaiser Out-of-State	995.19	1,990.38	2,587.49
PERS Choice (PPO)	787.00	1,574.00	2,046.20
PERSCare (PPO)	989.88	1,979.76	2,573.69
PERS Select (PPO)	492.24	984.48	1,279.82
PORAC	724.00	1,449.00	1,927.00
Sharp	606.02	1,212.04	1,575.65
United HealthCare	726.95	1,453.90	1,890.07
Western Health Advantage	731.96	1,463.92	1,903.10

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

DeltaCare USA	\$19.44	\$31.90	\$44.13
Premier Access	15.48	25.08	35.12
SafeGuard (Standard)*	15.74	25.50	35.71
SafeGuard (Enhanced)**	16.06	27.18	33.48
Western Dental	15.77	26.02	36.91

Vision Plans

Basic Plan	\$8.27	\$8.27	\$8.27
Premier Plan****	16.73	25.19	35.51

* 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 \$8.27. The employee share is shown here.