

2018 RATES:

Premiums: Employer contributions are calculated based on the CalPERS premiums of the established base plan. If you live in a zip code not assigned to this region your premiums will be adjusted to reflect the CalPERS premium for the zip code you live in as assigned by CalPERS.

PPO (PREFERRED PROVIDER ORGANIZATION) RATES:

	REGION CODE	LEVEL	EE PAYS	CTY PAYS
PERSChoice	Bay Area	1061 EE Only	80.03	749.97
		1062 2 Party	480.16	1,152.75
		1063 Family	624.21	1,490.45
	Northern	3221 EE Only	93.72	750.02
		3222 2 Party	507.54	1,152.84
		3223 Family	659.81	1,490.56
	Sac	1051 EE Only	15.14	749.76
		1052 2 Party	350.38	1,152.32
		1053 Family	455.50	1,489.89
PORAC	2071 EE Only	13.76	749.75	
	2072 2 Party	419.62	1,152.55	
	2073 Family	513.51	1,490.08	

	REGION CODE	LEVEL	EE PAYS	CTY PAYS
PERS Select	Bay Area	1261 EE Only	0.00	746.96
		1262 2 Party	314.62	1,152.21
		1263 Family	409.01	1,489.74
	Northern	531 EE Only	0.00	721.15
		532 2 Party	263.18	1,152.04
		533 Family	342.14	1,489.52
	Sac	1251 EE Only	0.00	714.25
		1252 2 Party	249.42	1,151.99
		1253 Family	324.25	1,489.46

	REGION CODE	LEVEL	EE PAYS	CTY PAYS
PERSCare	Bay Area	1221 EE Only	162.21	750.24
		1222 2 Party	644.52	1,153.29
		1223 Family	837.88	1,491.15
	Northern	3271 EE Only	146.69	750.19
		3272 2 Party	613.48	1,153.19
		3273 Family	797.53	1,491.02
	Sac	1211 EE Only	77.37	749.96
		1212 2 Party	474.84	1,152.73
		1213 Family	617.30	1,490.42

For PPO Plans Only:

You may qualify for the Northern rates by using the Employer Zip Code of 95901. If the Employer Zip Code provides you with a better rate the County will use the Employer Zip Code unless you notify Human Resources in writing that you would prefer the more expensive region based on your residential zip code/ county.

HMO (HEALTH MAINTENANCE ORGANIZATION) RATES:

	REGION CODE	LEVEL	EE PAYS	CTY PAYS
Blue Shield Access+	Bay Area	1021 EE Only	168.78	750.26
		1022 2 Party	657.66	1,153.34
		1023 Family	854.96	1,491.21
	Northern	3031 EE Only	174.19	750.28
		3032 2 Party	668.48	1,153.37
		3033 Family	869.03	1,491.25
	Sac	1011 EE Only	86.47	749.99
		1012 2 Party	493.04	1,152.79
		1013 Family	640.96	1,490.50
Kaiser	Bay Area	1041 EE Only	59.62	749.90
		1042 2 Party	439.34	1,152.62
		1043 Family	571.15	1,490.27
	Northern	3071 EE Only	75.19	749.95
		3072 2 Party	470.48	1,152.72
		3073 Family	611.63	1,490.40
	Sac	1031 EE Only	0.00	733.37
		1032 2 Party	287.54	1,152.12
		1033 Family	373.81	1,489.62
United Healthcare	Bay Area	4261 EE Only	651.60	751.86
		4262 2 Party	1,623.30	1,156.52
		4263 Family	2,110.29	1,495.35
	Northern	4301 EE Only	485.31	751.31
		4302 2 Party	1,290.72	1,155.43
		4303 Family	1,677.94	1,493.92
	Sac	4241 EE Only	111.18	750.07
		4242 2 Party	542.46	1,152.96
		4243 Family	705.20	1,490.71

	REGION CODE	LEVEL	EE PAYS	CTY PAYS
Anthem Blue + HMO Select	Bay Area	4541 EE Only	136.17	750.16
		4542 2 Party	592.44	1,153.12
		4543 Family	770.18	1,490.93
	Northern	4701 EE Only	190.66	750.34
		4702 2 Party	701.42	1,153.48
		4703 Family	911.85	1,491.40
	Sac	4461 EE Only	222.05	750.44
		4462 2 Party	764.20	1,153.69
		4463 Family	993.46	1,491.66
Anthem Blue + HMO Traditional	Bay Area	4501 EE Only	205.23	750.38
		4502 2 Party	730.56	1,153.58
		4503 Family	949.73	1,491.52
	Northern	4661 EE Only	234.51	750.48
		4662 2 Party	789.12	1,153.77
		4663 Family	1,025.86	1,491.77
	Sac	4421 EE Only	334.38	750.81
		4422 2 Party	988.86	1,154.43
		4423 Family	1,285.52	1,492.63
Health Net SmartCare	Bay Area	3751 EE Only	143.24	750.18
		3752 2 Party	606.58	1,153.17
		3753 Family	788.56	1,490.99
	Sac	3761 EE Only	260.58	750.57
		3762 2 Party	841.26	1,153.94
		3763 Family	1,093.64	1,492.00

	REGION CODE	LEVEL	EE PAYS	CTY PAYS
Western Health Advantage	Bay Area	1791 EE Only	0.00	822.27
		1792 2 Party	128.63	1,488.81
		1793 Family	604.17	1,490.38
	Northern	1781 EE Only	24.55	749.79
		1782 2 Party	369.20	1,152.39
		1783 Family	479.96	1,489.97
	Sac	1771 EE Only	24.55	749.79
		1772 2 Party	369.20	1,152.39
		1773 Family	479.96	1,489.97

DENTAL/VISION PLAN RATES:

BASE	1001-10 EE Only	0.00	48.92
	1002-11 2 Party	17.75	70.99
	1003-12 Family	28.94	115.77
BUY-UP	2000-10 EE Only	4.10	48.92
	2001-11 2 Party	25.15	70.99
	2002-12 Family	41.64	115.77

WAIVER AMOUNTS: (HEALTH PLAN BENEFITS DECLINED / REQUEST FOR IN LIEU OF PREMIUM SAVINGS)			
OTHER (0):			\$150
DDAA			\$200
YCEA, NON-REP (8,10, 11) PPOA, DSA, MSA:			\$250