

2017 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNIT 8

HEALTH PLANS	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross EPO (Del Norte and Monterey County Only)	\$740.88	\$1,481.76	\$1,926.29
Anthem Blue Cross Select HMO	\$740.23	\$1,480.46	\$1,924.60
Anthem Blue Cross Traditional HMO	\$872.91	\$1,745.82	\$2,269.57
Blue Shield Access + HMO	\$830.44	\$1,660.88	\$2,159.14
Blue Shield Access + EPO (Colusa, Mendocino, and Sierra County Only)	\$830.44	\$1,660.88	\$2,159.14
Health Net Salud y Mas	\$475.46	\$950.92	\$1,236.20
Health Net SmartCare	\$692.89	\$1,385.78	\$1,801.51
Kaiser	\$662.92	\$1,325.84	\$1,723.59
Kaiser Out of State	\$940.67	\$1,881.34	\$2,445.74
PERS Choice	\$740.88	\$1,481.76	\$1,926.29
PERS Select	\$673.25	\$1,346.50	\$1,750.45
PERS Care	\$826.37	\$1,652.74	\$2,148.56
Sharp Performance Plus	\$616.49	\$1,232.98	\$1,602.87
United Health Care	\$686.17	\$1,372.34	\$1,784.04
Health plan availability is determined by zip code. Refer to CalPERS website 2017 Health Benefit Summary Health Plan Search by Zip Code			

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental Premier (Basic)	351-007	\$51.63	\$90.14	\$130.29
Delta PPO	351-018	\$47.18	\$91.72	\$138.01
DeltaCare USA	351-009	\$18.87	\$30.97	\$42.84
Premier Access	351-020	\$15.80	\$25.59	\$35.84
SafeGuard (Standard)	351-016	\$16.58	\$26.86	\$37.62
Western Dental	351-025	\$15.16	\$25.02	\$35.49

VISION PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-002	\$8.64	\$8.64	\$8.64
Vision Service Plan - Premier	361-475	\$17.48	\$26.32	\$37.10

STATE CONTRIBUTION FOR BU 8	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 8 CoBen Amount	\$641.00	\$1,236.00	\$1,603.00

MONTHLY COST WORKSHEET FOR BARGAINING UNIT 8

Use this space to calculate and compare monthly benefit costs. Add Health, Dental, and Vision amounts then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
Dental Amount:	Add+		
Vision Amount:	Add+		
State Contribution	Subtract - \$641.00	-\$1,236.00	-\$1,603.00
YOUR COST	Equals=		

For help determining benefit costs, click on the link below:

[**CALHR Benefits Calculator**](#)

2017 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNIT 7

HEALTH PLANS	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross EPO (Del Norte and Monterey County Only)	\$740.88	\$1,481.76	\$1,926.29
Anthem Blue Cross Select HMO	\$740.23	\$1,480.46	\$1,924.60
Anthem Blue Cross Traditional HMO	\$872.91	\$1,745.82	\$2,269.57
Blue Shield Access + HMO	\$830.44	\$1,660.88	\$2,159.14
Blue Shield Access + EPO (Colusa, Mendocino, and Sierra County Only)	\$830.44	\$1,660.88	\$2,159.14
Health Net Salud y Mas	\$475.46	\$950.92	\$1,236.20
Health Net SmartCare	\$692.89	\$1,385.78	\$1,801.51
Kaiser	\$662.92	\$1,325.84	\$1,723.59
Kaiser Out of State	\$940.67	\$1,881.34	\$2,445.74
PERS Choice	\$740.88	\$1,481.76	\$1,926.29
PERS Select	\$673.25	\$1,346.50	\$1,750.45
PERS Care	\$826.37	\$1,652.74	\$2,148.56
Sharp Performance Plus	\$616.49	\$1,232.98	\$1,602.87
United Health Care	\$686.17	\$1,372.34	\$1,784.04

Health plan availability is determined by zip code. Refer to CalPERS website [2017 Health Benefit Summary](#) [Health Plan Search by Zip Code](#)

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental Premier (Basic)	351-007	\$51.63	\$90.14	\$130.29
Delta PPO	351-018	\$47.18	\$91.72	\$138.01
DeltaCare USA	351-009	\$18.87	\$30.97	\$42.84
Premier Access	351-020	\$15.80	\$25.59	\$35.84
SafeGuard (Standard)*	351-016	\$16.58	\$26.86	\$37.62
Western Dental	351-025	\$15.16	\$25.02	\$35.49

VISION PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-002	\$8.64	\$8.64	\$8.64
Vision Service Plan - Premier	361-475	\$17.48	\$26.32	\$37.10

STATE CONTRIBUTION FOR BU 7 (Subject to Dependent Vesting)	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
50% Dependent Vesting State Service: 0-12 Months	\$608.00	\$919.00	\$1,119.00
75% Dependent Vesting State Service 13-24 Months	\$608.00	\$1,060.00	\$1,345.00
100% Dependent Vesting State Service: 2 Years or more	\$608.00	\$1,202.00	\$1,572.00

Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting receive 50% of the employer dependent contribution for the first 12 months of service, 75% during months 13 through 24, and after completing 24 months of service receive the full employer dependent contribution applicable to their bargaining unit.

MONTHLY COST WORKSHEET FOR BARGAINING UNIT 7

Based on 100% Dependent Vesting

Use this space to calculate and compare monthly benefit costs. Add Health, Dental, and Vision amounts then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
Dental Amount:	Add+		
Vision Amount:	Add+		
State Contribution	Subtract - \$608.00	- \$1,202.00	- \$1572.00
YOUR COST	Equals=		

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)

2017 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNITS 1 & 4

HEALTH PLANS	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross EPO (Del Norte and Monterey County Only)	\$740.88	\$1,481.76	\$1,926.29
Anthem Blue Cross Select HMO	\$740.23	\$1,480.46	\$1,924.60
Anthem Blue Cross Traditional HMO	\$872.91	\$1,745.82	\$2,269.57
Blue Shield Access + HMO	\$830.44	\$1,660.88	\$2,159.14
Blue Shield Access + EPO(Colusa,Mendocino,and Sierra County Only)	\$830.44	\$1,660.88	\$2,159.14
Health Net Salud y Mas	\$475.46	\$950.92	\$1,236.20
Health Net SmartCare	\$692.89	\$1,385.78	\$1,801.51
Kaiser	\$662.92	\$1,325.84	\$1,723.59
Kaiser Out of State	\$940.67	\$1,881.34	\$2,445.74
PERS Choice	\$740.88	\$1,481.76	\$1,926.29
PERS Select	\$673.25	\$1,346.50	\$1,750.45
PERS Care	\$826.37	\$1,652.74	\$2,148.56
Sharp Performance Plus	\$616.49	\$1,232.98	\$1,602.87
United Health Care	\$686.17	\$1,372.34	\$1,784.04
Health plan availability is determined by zip code. Refer to CalPERS website 2017 Health Benefit Summary Health Plan Search by Zip Code			

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental Premier (Basic)*	351-007	EE \$12.91 – State \$38.72	EE \$22.53 – State \$67.61	EE \$32.57 – State \$97.72
Delta PPO*	351-018	EE \$11.79 – State \$35.39	EE \$22.93 – State \$68.79	EE \$34.50 – State \$103.51
DeltaCare USA	351-009	EE \$0.00 – State \$18.87	EE \$0.00 – State \$30.97	EE \$0.00 – State \$42.84
Premier Access	351-020	EE \$0.00 – State \$15.80	EE \$0.00 – State \$25.59	EE \$0.00 – State \$35.84
SafeGuard (Standard)*	351-016	EE \$0.00 – State \$16.58	EE \$0.00 – State \$26.86	EE \$0.00 – State \$37.62
Western Dental	351-025	EE \$0.00 – State \$15.16	EE \$0.00 – State \$25.02	EE \$0.00 – State \$35.49
*The Delta Dental PPO programs are only available after 2 years of State Service.				

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.64	EE \$0.00 – State \$8.64	EE \$0.00 – State \$8.64
Vision Service Plan - Premier	361-475	EE \$8.84 – State \$8.64	EE \$17.68 – State \$8.64	EE \$28.46 – State \$8.64

STATE CONTRIBUTION FOR BU 1 & 4 (Subject to Dependent Vesting)		1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
75% Dependent Vesting Service 0–12 Months	State	\$559.00	\$984.00	\$1,236.00
100% Dependent Vesting Service: 1 Year or more	State	\$559.00	\$1,125.00	\$1,462.00

Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting receive 75% of the employer dependent contribution for the first 12 months of service. After 12 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

MONTHLY COST WORKSHEET FOR BARGAINING UNIT 1 & 4

Based on 100% Dependent Vesting

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Health Amount:	Add+			
State Health Contribution	Subtract	-\$559	-\$1125	-\$1462
“EE” Dental Amount:	Add+			
“EE” Vision Amount:	Add+			
YOUR COST	Equals=			

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)

2017 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNITS 12

HEALTH PLANS	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross EPO (Del Norte and Monterey County Only)	\$740.88	\$1,481.76	\$1,926.29
Anthem Blue Cross Select HMO	\$740.23	\$1,480.46	\$1,924.60
Anthem Blue Cross Traditional HMO	\$872.91	\$1,745.82	\$2,269.57
Blue Shield Access + HMO	\$830.44	\$1,660.88	\$2,159.14
Blue Shield Access + EPO(Colusa,Mendocino, and Sierra County Only)	\$830.44	\$1,660.88	\$2,159.14
Health Net Salud y Mas	\$475.46	\$950.92	\$1,236.20
Health Net SmartCare	\$692.89	\$1,385.78	\$1,801.51
Kaiser	\$662.92	\$1,325.84	\$1,723.59
Kaiser Out of State	\$940.67	\$1,881.34	\$2,445.74
PERS Choice	\$740.88	\$1,481.76	\$1,926.29
PERS Select	\$673.25	\$1,346.50	\$1,750.45
PERS Care	\$826.37	\$1,652.74	\$2,148.56
Sharp Performance Plus	\$616.49	\$1,232.98	\$1,602.87
United Health Care	\$686.17	\$1,372.34	\$1,784.04
Health plan availability is determined by zip code. Refer to CalPERS website 2017 Health Benefit Summary Health Plan Search by Zip Code			

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental Premier (Basic)*	351-007	EE \$12.91 – State \$38.72	EE \$22.53 – State \$67.61	EE \$32.57 – State \$97.72
Delta PPO*	351-018	EE \$11.79 – State \$35.39	EE \$22.93 – State \$68.79	EE \$34.50 – State \$103.51
DeltaCare USA	351-009	EE \$0.00 – State \$18.87	EE \$0.00 – State \$30.97	EE \$0.00 – State \$42.84
Premier Access	351-020	EE \$0.00 – State \$15.80	EE \$0.00 – State \$25.59	EE \$0.00 – State \$35.84
SafeGuard (Standard)*	351-016	EE \$0.00 – State \$16.58	EE \$0.00 – State \$26.86	EE \$0.00 – State \$37.62
Western Dental	351-025	EE \$0.00 – State \$15.16	EE \$0.00 – State \$25.02	EE \$0.00 – State \$35.49

*The Delta Dental PPO programs are only available after 2 years of State Service.

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.64	EE \$0.00 – State \$8.64	EE \$0.00 – State \$8.64
Vision Service Plan - Premier	361-475	EE \$8.84 – State \$8.64	EE \$17.68 – State \$8.64	EE \$28.46 – State \$8.64

STATE CONTRIBUTION FOR BU 12 (Subject to Dependent Vesting)		1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
75% Dependent Vesting Service 0–12 Months	State	\$524.00	\$919.00	\$1,157.00
100% Dependent Vesting Service: 1 Year or more	State	\$524.00	\$1,050.00	\$1,368.00

Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting receive 75% of the employer dependent contribution for the first 12 months of service. After 12 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

MONTHLY COST WORKSHEET FOR BARGAINING UNIT 12

Based on 100% Dependent Vesting

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Health Amount:	Add+			
State Health Contribution	Subtract	-\$524	-\$1050	-\$1368
“EE” Dental Amount:	Add+			
“EE” Vision Amount:	Add+			
YOUR COST	Equals=			

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)

2017 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNITS 13

HEALTH PLANS	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross EPO (Del Norte and Monterey County Only)	\$740.88	\$1,481.76	\$1,926.29
Anthem Blue Cross Select HMO	\$740.23	\$1,480.46	\$1,924.60
Anthem Blue Cross Traditional HMO	\$872.91	\$1,745.82	\$2,269.57
Blue Shield Access + HMO	\$830.44	\$1,660.88	\$2,159.14
Blue Shield Access + EPO(Colusa, Mendocino, and Sierra County Only)	\$830.44	\$1,660.88	\$2,159.14
Health Net Salud y Mas	\$475.46	\$950.92	\$1,236.20
Health Net SmartCare	\$692.89	\$1,385.78	\$1,801.51
Kaiser	\$662.92	\$1,325.84	\$1,723.59
Kaiser Out of State	\$940.67	\$1,881.34	\$2,445.74
PERS Choice	\$740.88	\$1,481.76	\$1,926.29
PERS Select	\$673.25	\$1,346.50	\$1,750.45
PERS Care	\$826.37	\$1,652.74	\$2,148.56
Sharp Performance Plus	\$616.49	\$1,232.98	\$1,602.87
United Health Care	\$686.17	\$1,372.34	\$1,784.04

Health plan availability is determined by zip code. Refer to CalPERS website [2017 Health Benefit Summary](#) [Health Plan Search by Zip Code](#)

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental Premier (Basic)*	351-007	EE \$12.91 – State \$38.72	EE \$22.53 – State \$67.61	EE \$32.57 – State \$97.72
Delta PPO*	351-018	EE \$11.79 – State \$35.39	EE \$22.93 – State \$68.79	EE \$34.50 – State \$103.51
DeltaCare USA	351-009	EE \$0.00 – State \$18.87	EE \$0.00 – State \$30.97	EE \$0.00 – State \$42.84
Premier Access	351-020	EE \$0.00 – State \$15.80	EE \$0.00 – State \$25.59	EE \$0.00 – State \$35.84
SafeGuard (Standard)*	351-016	EE \$0.00 – State \$16.58	EE \$0.00 – State \$26.86	EE \$0.00 – State \$37.62
Western Dental	351-025	EE \$0.00 – State \$15.16	EE \$0.00 – State \$25.02	EE \$0.00 – State \$35.49

*The Delta Dental PPO programs are only available after 2 years of State Service.

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.64	EE \$0.00 – State \$8.64	EE \$0.00 – State \$8.64
Vision Service Plan - Premier	361-475	EE \$8.84 – State \$8.64	EE \$17.68 – State \$8.64	EE \$28.46 – State \$8.64

STATE CONTRIBUTION FOR BU 13 (Subject to Dependent Vesting)	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
75% Dependent Vesting State Service 0–12 Months	\$562.00	\$986.00	\$1,242.00
100% Dependent Vesting State Service: 1 Year or more	\$562.00	\$1,128.00	\$1,469.00

Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting receive 75% of the employer dependent contribution for the first 12 months of service. After 12 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

MONTHLY COST WORKSHEET FOR BARGAINING UNIT 13

Based on 100% Dependent Vesting

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Health Amount:	Add+		
State Health Contribution	Subtract	-\$562	- \$1128
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
YOUR COST	Equals=		

For help determining benefit costs, click on the link below:

[**CALHR Benefits Calculator**](#)