

## 2018 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 <i>EPO</i> (Del Norte and Monterey County Only)	\$724.16	\$1,448.32	\$1,882.82
Anthem Blue Cross Select HMO	\$796.73	\$1,593.46	\$2,071.50
Anthem Blue Cross Traditional HMO	\$841.34	\$1,682.68	\$2,187.48
Blue Shield Access + HMO	\$752.32	\$1,504.64	\$1,956.03
Blue Shield Access <i>EPO</i> (Colusa, Mendocino, and Sierra County Only)	\$752.32	\$1,504.64	\$1,956.03
Health Net Salud y Mas (Southern California)	\$471.51	\$943.02	\$1,225.93
Health Net SmartCare	\$790.73	\$1,581.46	\$2,055.90
Kaiser Permanente	\$717.38	\$1,434.76	\$1,865.19
PERS Choice	\$724.16	\$1,448.32	\$1,882.82
PERS Select	\$661.29	\$1,322.58	\$1,719.35
PERS Care	\$776.19	\$1,552.38	\$2,018.09
Sharp Performance Plus (San Diego)	\$624.70	\$1,249.40	\$1,624.22
United Health Care	\$704.59	\$1,409.18	\$1,831.93
Western Health Advantage HMO	\$720.44	\$1,440.88	\$1,873.14

Health plan availability is determined by zip code. Refer to CalPERS website [2018 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	\$50.83	\$88.75	\$128.28
Delta PPO	351-018	\$46.45	\$90.31	\$135.88
DeltaCare USA	351-009	\$18.87	\$30.97	\$42.84
Premier Access	351-020	\$15.80	\$25.59	\$35.84
SafeGuard (Standard)	351-016	\$15.74	\$25.50	\$35.71
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	\$662.00	\$1,269.00	\$1,645.00

### 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+		
<b>State Contribution</b>	Subtract - \$662.00	-\$1,269.00	-\$1,645.00
<b>YOUR COST</b>	Equals=		

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

[CALHR Benefits Calculator](#)

## 2018 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 <i>EPO</i> (Del Norte and Monterey County Only)	\$724.16	\$1,448.32	\$1,882.82
Anthem Blue Cross Select HMO	\$796.73	\$1,593.46	\$2,071.50
Anthem Blue Cross Traditional HMO	\$841.34	\$1,682.68	\$2,187.48
Blue Shield Access + HMO	\$752.32	\$1,504.64	\$1,956.03
Blue Shield Access <i>EPO</i> (Colusa, Mendocino, and Sierra County Only)	\$752.32	\$1,504.64	\$1,956.03
Health Net Salud y Mas (Southern California)	\$471.51	\$943.02	\$1,225.93
Health Net SmartCare	\$790.73	\$1,581.46	\$2,055.90
Kaiser Permanente	\$717.38	\$1,434.76	\$1,865.19
PERS Choice	\$724.16	\$1,448.32	\$1,882.82
PERS Select	\$661.29	\$1,322.58	\$1,719.35
PERS Care	\$776.19	\$1,552.38	\$2,018.09
Sharp Performance Plus (San Diego)	\$624.70	\$1,249.40	\$1,624.22
United Health Care	\$704.59	\$1,409.18	\$1,831.93
Western Health Advantage HMO	\$720.44	\$1,440.88	\$1,873.14
Health plan availability is determined by zip code. Refer to CalPERS website		2018 Health Benefit Summary	Health Plan Search by Zip

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 \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta PPO*	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
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 \$15.74	EE \$0.00 – State \$25.50	EE \$0.00 – State \$35.71
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	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 1 & 4 CoBen Allowance	\$579.00	\$1,158.00	\$1,504.00

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 1 & 4

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	-\$579	- \$1158
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
<b>YOUR COST</b>	<b>Equals=</b>		

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

[CALHR Benefits Calculator](#)

# 2018 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 <i>EPO</i> (Del Norte and Monterey County)	\$724.16	\$1,448.32	\$1,882.82
Anthem Blue Cross Select HMO	\$796.73	\$1,593.46	\$2,071.50
Anthem Blue Cross Traditional HMO	\$841.34	\$1,682.68	\$2,187.48
Blue Shield Access + HMO	\$752.32	\$1,504.64	\$1,956.03
Blue Shield Access <i>EPO</i> (Colusa, Mendocino, and Sierra County)	\$752.32	\$1,504.64	\$1,956.03
Health Net Salud y Mas (Southern California)	\$471.51	\$943.02	\$1,225.93
Health Net SmartCare	\$790.73	\$1,581.46	\$2,055.90
Kaiser Permanente	\$717.38	\$1,434.76	\$1,865.19
PERS Choice	\$724.16	\$1,448.32	\$1,882.82
PERS Select	\$661.29	\$1,322.58	\$1,719.35
PERS Care	\$776.19	\$1,552.38	\$2,018.09
Sharp Performance Plus (San Diego)	\$624.70	\$1,249.40	\$1,624.22
United Health Care	\$704.59	\$1,409.18	\$1,831.93
Western Health Advantage HMO	\$720.44	\$1,440.88	\$1,873.14
Health plan availability is determined by zip code. Refer to <a href="#">CalPERS website</a> <a href="#">2018 Health Benefit Summary</a> <a href="#">Health Plan Search by Zip Code</a>			

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	\$50.83	\$88.75	\$128.28
Delta PPO	351-018	\$46.45	\$90.31	\$135.88
DeltaCare USA	351-009	\$18.87	\$30.97	\$42.84
Premier Access	351-020	\$15.80	\$25.59	\$35.84
SafeGuard (Standard)*	351-016	\$15.74	\$25.50	\$35.71
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	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 7 CoBen Allowance	\$626.00	\$1,233.00	\$1,609.00

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 7

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

Benefit Plan Names:			
Health Amount:	Add+		
Dental Amount:	Add+		
Vision Amount:	Add+		
State Contribution	Subtract - \$626.00	- \$1,233.00	- \$1609.00
<b>YOUR COST</b>	<b>Equals=</b>		

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

[CALHR Benefits Calculator](#)

## 2018 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 <i>EPO</i> (Del Norte and Monterey County Only)	\$724.16	\$1,448.32	\$1,882.82
Anthem Blue Cross Select HMO	\$796.73	\$1,593.46	\$2,071.50
Anthem Blue Cross Traditional HMO	\$841.34	\$1,682.68	\$2,187.48
Blue Shield Access + HMO	\$752.32	\$1,504.64	\$1,956.03
Blue Shield Access <i>EPO</i> (Colusa, Mendocino, and Sierra County Only)	\$752.32	\$1,504.64	\$1,956.03
Health Net Salud y Mas (Southern California)	\$471.51	\$943.02	\$1,225.93
Health Net SmartCare	\$790.73	\$1,581.46	\$2,055.90
Kaiser Permanente	\$717.38	\$1,434.76	\$1,865.19
PERS Choice	\$724.16	\$1,448.32	\$1,882.82
PERS Select	\$661.29	\$1,322.58	\$1,719.35
PERS Care	\$776.19	\$1,552.38	\$2,018.09
Sharp Performance Plus (San Diego)	\$624.70	\$1,249.40	\$1,624.22
United Health Care	\$704.59	\$1,409.18	\$1,831.93
Western Health Advantage HMO	\$720.44	\$1,440.88	\$1,873.14
Health plan availability is determined by zip code. Refer to CalPERS website		<a href="#">2018 Health Benefit Summary</a>	<a href="#">Health Plan Search by Zip Code</a>

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 \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta PPO*	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
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 \$15.74	EE \$0.00 – State \$25.50	EE \$0.00 – State \$35.71
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	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 12 CoBen Allowance	\$579.00	\$1,158.00	\$1,504.00

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 12

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	-\$579	- \$1158
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
<b>YOUR COST</b>	<b>Equals=</b>		

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## 2018 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 <i>EPO</i> (Del Norte and Monterey County Only)	\$724.16	\$1,448.32	\$1,882.82
Anthem Blue Cross Select HMO	\$796.73	\$1,593.46	\$2,071.50
Anthem Blue Cross Traditional HMO	\$841.34	\$1,682.68	\$2,187.48
Blue Shield Access + HMO	\$752.32	\$1,504.64	\$1,956.03
Blue Shield Access <i>EPO</i> (Colusa, Mendocino, and Sierra County Only)	\$752.32	\$1,504.64	\$1,956.03
Health Net Salud y Mas (Southern California)	\$471.51	\$943.02	\$1,225.93
Health Net SmartCare	\$790.73	\$1,581.46	\$2,055.90
Kaiser Permanente	\$717.38	\$1,434.76	\$1,865.19
PERS Choice	\$724.16	\$1,448.32	\$1,882.82
PERS Select	\$661.29	\$1,322.58	\$1,719.35
PERS Care	\$776.19	\$1,552.38	\$2,018.09
Sharp Performance Plus (San Diego)	\$624.70	\$1,249.40	\$1,624.22
United Health Care	\$704.59	\$1,409.18	\$1,831.93
Western Health Advantage HMO	\$720.44	\$1,440.88	\$1,873.14

Health plan availability is determined by zip code. Refer to CalPERS website [2018 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 \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta PPO*	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
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 \$15.74	EE \$0.00 – State \$25.50	EE \$0.00 – State \$35.71
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	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 13 CoBen Allowance	\$579.00	\$1,158.00	\$1,504.00

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 13

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	-\$579	- \$1158
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
<b>YOUR COST</b>	<b>Equals=</b>		

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