# 2020 Monthly Insurance Premiums & Contributions - Full Time

#### **Monthly Contributions**

| Association        | Cafeteria Allowance (Amount subject to Hire Date)  |   | Medical Allowance<br>(Must enroll in a medical plan) | Opt-Out<br>Allowance                               | Opt-Out<br>Allowance                            |
|--------------------|--|---|--|--|---|
| K&M                | Hired on or before<br>April 12, 2019<br>\$1,725.00 | Hired on or after<br>April 13, 2019<br>Match all premiums up to<br>\$1,725.00<br>no cash back | \$139.00   | \$1,000.00<br>Hired on or before<br>April 12, 2019 | \$500.00<br>Hired on or after<br>April 13, 2019 |
| CEA &<br>Prof/Tech | Hired on or before<br>March 15, 2019<br>\$1,725.00 | Hired on or after<br>March 16, 2019<br>Match all premiums up to<br>\$1,725.00<br>no cash back | \$139.00   | \$1,000.00<br>Hired on or before<br>March 15, 2019 | \$500.00<br>Hired on or after<br>March 16, 2019 |
| FMA                | Hired on or before<br>June 21, 2019<br>\$1,824.00  | Hired on or after June 22, 2019  Match all premiums up to \$1,824.00  no cash back            | \$139.00   | \$1,000.00<br>Hired on or before<br>June 21, 2019  | \$500.00<br>Hired on or after<br>June 22, 2019  |
| FA                 | \$1,824.00   |   | \$139.00   | \$1,000.00   | \$1,000.00                                      |
| League             | \$1,725.00   |   | \$139.00   | \$1,000.00   | \$1,000.00                                      |
| LMA                | \$1,624.00   |   | \$139.00   | \$1,000.00   | \$1,000.00                                      |
| PA & PMA           | \$1,524.00   |   | \$139.00   | \$1,000.00   | \$1,000.00                                      |

#### **Monthly Premiums**

## Region 2 - Fresno, Imperial, Inyo, Kern, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura

<u>PERS HMO Plans</u> 2019 2020 2019 2020 2019

| Medical Plan               | Single   |          | 2-Party    |            | Family     |            |
|----------------------------|----------|----------|------------|------------|------------|------------|
| Anthem Select HMO          | \$625.07 | \$654.04 | \$1,250.14 | \$1,308.08 | \$1,625.18 | \$1,700.50 |
| Anthem Traditional HMO     | \$830.89 | \$934.95 | \$1,661.78 | \$1,869.90 | \$2,160.31 | \$2,430.87 |
| Blue Shield Access+ HMO    | \$760.04 | \$909.87 | \$1,520.08 | \$1,819.74 | \$1,976.10 | \$2,365.66 |
| Health Net Salud y Mas HMO | \$427.81 | \$435.14 | \$855.62   | \$870.28   | \$1,112.31 | \$1,131.36 |
| Health Net SmartCare HMO   | \$642.71 | \$719.26 | \$1,285.42 | \$1,438.52 | \$1,671.05 | \$1,870.08 |
| Kaiser (CA) HMO            | \$628.63 | \$645.24 | \$1,257.26 | \$1,290.48 | \$1,634.44 | \$1,677.62 |
| Sharp HMO                  | \$593.66 | \$606.02 | \$1,187.32 | \$1,212.04 | \$1,543.52 | \$1,575.65 |
| UnitedHealthcare HMO       | \$646.65 | \$671.60 | \$1,293.30 | \$1,343.20 | \$1,681.29 | \$1,746.16 |

## **PERS PPO Plans**

| Medical Plan    | Single   |          | 2-Party    |            | Family     |            |
|-----------------|----------|----------|------------|------------|------------|------------|
| PERS Choice PPO | \$721.11 | \$736.28 | \$1,442.22 | \$1,472.56 | \$1,874.89 | \$1,914.33 |
| PERS Select PPO | \$462.71 | \$451.54 | \$925.42   | \$903.08   | \$1,203.05 | \$1,174.00 |
| PERS Care PPO   | \$907.29 | \$986.66 | \$1,814.58 | \$1,973.32 | \$2,358.95 | \$2,565.32 |
| PORAC           | \$774.00 | \$749.00 | \$1,623.00 | \$1,499.00 | \$2,076.00 | \$1,960.00 |

## 2020 Monthly Insurance Premiums & Contributions - Full Time

#### **Monthly Premiums**

### Region 3 - Los Angeles, Riverside and San Bernardino

You may choose from one of the following plans if you reside in one of the Los Angeles Area counties AND wish to receive your medical services in the same county.

| PERS HMO Plans             | 2019     | 2020     | 2019       | 2020       | 2019       | 2020       |
|----------------------------|----------|----------|------------|------------|------------|------------|
| Medical Plan               | Single   |          | 2-Party    |            | Family     |            |
| Anthem Select HMO          | \$627.07 | \$619.93 | \$1,254.14 | \$1,239.86 | \$1,630.38 | \$1,611.82 |
| Anthem Traditional HMO     | \$878.48 | \$902.63 | \$1,756.96 | \$1,805.26 | \$2,284.05 | \$2,346.84 |
| Blue Shield Access+ HMO    | \$669.75 | \$813.17 | \$1,339.50 | \$1,626.34 | \$1,741.35 | \$2,114.24 |
| Blue Shield Trio           |          | \$624.93 |            | \$1,249.86 |            | \$1,624.82 |
| Health Net Salud y Mas HMO | \$356.50 | \$392.31 | \$713.00   | \$784.62   | \$926.90   | \$1,020.01 |
| Health Net SmartCare HMO   | \$584.27 | \$648.42 | \$1,168.54 | \$1,296.84 | \$1,519.10 | \$1,685.89 |
| Kaiser (CA) HMO            | \$618.64 | \$664.39 | \$1,237.28 | \$1,328.78 | \$1,608.46 | \$1,727.41 |
| UnitedHealthcare HMO       | \$669.61 | \$668.31 | \$1,339.22 | \$1,336.62 | \$1,740.99 | \$1,737.61 |

#### **PERS PPO Plans**

| Medical Plan    | Single   |          | 2-Party    |            | Family     |            |
|-----------------|----------|----------|------------|------------|------------|------------|
| PERS Choice PPO | \$654.50 | \$710.29 | \$1,309.00 | \$1,420.58 | \$1,701.70 | \$1,846.75 |
| PERS Select PPO | \$420.77 | \$435.74 | \$841.54   | \$871.48   | \$1,094.00 | \$1,132.92 |
| PERS Care PPO   | \$843.78 | \$931.12 | \$1,687.56 | \$1,862.24 | \$2,193.83 | \$2,420.91 |
| PORAC           | \$774.00 | \$699.00 | \$1,623.00 | \$1,399.00 | \$2,076.00 | \$1,894.00 |

## **Dental & Vision Plans**

## 2019/2020 Monthly Premium Rates - All Regions

|                    | 2019    | 2020    | 2019     | 2020     | 2019     | 2020     |
|--------------------|---------|---------|----------|----------|----------|----------|
| Dental/Vision Plan | Si      | ingle   | 2-P      | arty     | F        | amily    |
| Cigna Dental DHMO  | \$14.00 | \$14.63 | \$25.19  | \$26.33  | \$37.92  | \$39.63  |
| Cigna Dental PPO   | \$57.94 | \$60.26 | \$117.91 | \$122.62 | \$162.14 | \$168.62 |
| MES PPO Vision     | \$7.30  | \$7.30  | \$13.99  | \$13.99  | \$19.99  | \$19.99  |