

2020-2021 PREMIUM RATES - CLASSIFIED EMPLOYEES

CAPPED AMOUNT:	\$ 9,472.65
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CalPERS (Plan Year: 1/1/2021 - 12/31/2021)

12 Month Premium

	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditonal HMO	Blue Shield Access+ HMO	Blue Shield Trio HMO	Health Net SmartCare HMO	Kaiser Permanente HMO	PERS Choice (PPO 80/20)	PERS Select (PPO 80/20)	PERS Care (PPO 90/10)	United Healthcare HMO	Western Health Advantage HMO	Full Time Monthly Cap Amount
Single	\$ 927.82	\$ 1,311.00	\$ 1,172.89	\$ 882.61	\$ 1,122.90	\$ 815.59	\$ 938.09	\$ 568.03	\$ 1,297.80	\$ 943.43	\$ 758.84	
Single+1	\$ 1,855.64	\$ 2,622.00	\$ 2,345.78	\$ 1,765.23	\$ 2,245.80	\$ 1,631.19	\$ 1,876.17	\$ 1,136.06	\$ 2,595.59	\$ 1,886.86	\$ 1,517.67	
Family	\$ 2,412.34	\$ 3,408.60	\$ 3,049.51	\$ 2,294.79	\$ 2,919.54	\$ 2,120.54	\$ 2,439.02	\$ 1,476.88	\$ 3,374.27	\$ 2,452.91	\$ 1,972.97	\$ 789.39

10 Month Premium

	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditonal HMO	Blue Shield Access+ HMO	Blue Shield Trio HMO	Health Net SmartCare HMO	Kaiser Permanente HMO	PERS Choice (PPO 80/20)	PERS Select (PPO 80/20)	PERS Care (PPO 90/10)	United Healthcare HMO	Western Health Advantage HMO	Full Time Monthly Cap Amount
Single	\$ 1,113.39	\$ 1,573.20	\$ 1,407.47	\$ 1,059.14	\$ 1,347.48	\$ 978.71	\$ 1,125.70	\$ 681.64	\$ 1,557.36	\$ 1,132.11	\$ 910.60	
Single+1	\$ 2,226.77	\$ 3,146.40	\$ 2,814.93	\$ 2,118.27	\$ 2,694.96	\$ 1,957.42	\$ 2,251.41	\$ 1,363.27	\$ 3,114.71	\$ 2,264.23	\$ 1,821.21	
Family	\$ 2,894.80	\$ 4,090.32	\$ 3,659.41	\$ 2,753.75	\$ 3,503.45	\$ 2,544.64	\$ 2,926.82	\$ 1,772.25	\$ 4,049.12	\$ 2,943.50	\$ 2,367.57	\$ 947.27