

2021 HEALTH INSURANCE PREMIUM RATES

SEIU, IAFF & MCE RATES EFFECTIVE 01/01/2021

Payroll changes take effect 12/1/2020

- 1) CCSD pays 85% of full-time employees and dependent's(s) premiums. **(PERS Choice PPO is the "2021 lowest cost plan.")**
 The Employer portion is made up of 2 components:
 - 1a) Employer contributes the State Minimum towards health care premiums (In 2021, this amount is: \$143.00).
 - 1b) Employer contributes an additional amount over State Minimum to bring its contribution to 85% of lowest cost plan.
- 2) Employee pays 15% of employees and dependent's(s) premiums (PERS Choice PPO is the "2021 lowest cost plan.")
 The Employee payment is made up of 2 components:
 - 2a) Employee pays 15% of health care premiums
 - 2b) If Employee selects a plan with a higher premium than the current year PERS Choice PPO premium amount, then the employee pays full differential cost of premium.

| | Plan Code | Total Monthly Premium | EmploYER Monthly Portion | EmploYEE | |
|--|-----------|-----------------------|--------------------------|-----------------|-------------------|
| | | | | Monthly Portion | Bi-Weekly Portion |
| ANTHEM BLUE CROSS SELECT HMO | | | | | |
| Employee Only | 507 | 674.69 | 573.49 | 101.20 | 50.60 |
| Emp. & 1 dep. | 507 | 1,349.38 | 1,146.97 | 202.41 | 101.20 |
| Emp. & 2+ deps. | 507 | 1,754.19 | 1,491.06 | 263.13 | 131.56 |
| ANTHEM BLUE CROSS TRADITIONAL HMO | | | | | |
| Employee Only | 510 | 1,046.04 | 665.71 | 380.33 | 190.16 |
| Emp. & 1 dep. | 510 | 2,092.08 | 1,331.42 | 760.66 | 380.33 |
| Emp. & 2+ deps. | 510 | 2,719.70 | 1,730.85 | 988.85 | 494.43 |
| *BLUE SHIELD ACCESS+ HMO | | | | | |
| Employee Only | 526 | 938.96 | 665.71 | 273.25 | 136.62 |
| Emp. & 1 dep. | 526 | 1,877.92 | 1,331.42 | 546.50 | 273.25 |
| Emp. & 2+ deps. | 526 | 2,441.30 | 1,730.85 | 710.45 | 355.23 |
| BLUE SHIELD TRIO HMO (New) | | | | | |
| Employee Only | 088 | 722.56 | 614.18 | 108.38 | 54.19 |
| Emp. & 1 dep. | 088 | 1,445.12 | 1,228.35 | 216.77 | 108.38 |
| Emp. & 2+ deps. | 088 | 1,878.66 | 1,596.86 | 281.80 | 140.90 |
| PERS CHOICE PPO | | | | | |
| Employee Only | 549 | 783.19 | 665.71 | 117.48 | 58.74 |
| Emp. & 1 dep. | 549 | 1,566.38 | 1,331.42 | 234.96 | 117.48 |
| Emp. & 2+ deps. | 549 | 2,036.29 | 1,730.85 | 305.44 | 152.72 |
| PERS SELECT PPO | | | | | |
| Employee Only | 558 | 476.92 | 405.38 | 71.54 | 35.77 |
| Emp. & 1 dep. | 558 | 953.84 | 810.76 | 143.08 | 71.54 |
| Emp. & 2+ deps. | 558 | 1,239.99 | 1,053.99 | 186.00 | 93.00 |
| PERSCARE PPO | | | | | |
| Employee Only | 567 | 1,115.68 | 665.71 | 449.97 | 224.98 |
| Emp. & 1 dep. | 567 | 2,231.36 | 1,331.42 | 899.94 | 449.97 |
| Emp. & 2+ deps. | 567 | 2,900.77 | 1,730.85 | 1,169.92 | 584.96 |
| UNITED HEALTHCARE HMO | | | | | |
| Employee Only | 577 | 723.84 | 615.26 | 108.58 | 54.29 |
| Emp. & 1 dep. | 577 | 1,447.68 | 1,230.53 | 217.15 | 108.58 |
| Emp. & 2+ deps. | 577 | 1,881.98 | 1,599.68 | 282.30 | 141.15 |

*Blue Shield Access+HMO is also known as Blue Shield of CA HMO