

**For Adjunct Faculty only: The monthly District contribution for  
2021 is \$471.01**

Region 2			
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare,			
Basic Monthly Premiums (B)			
Plan	Single-Party	Two-Party	Family
Anthem Blue Cross Select	\$674.69	\$1,349.38	\$1,754.19
Anthem Blue Cross Traditional	1,046.04	2,092.08	2,719.70
Blue Shield Access+	938.96	1,877.92	2,441.30
Blue Shield Trio*	722.56	1,445.12	1,878.66
Health Net Salud y Más	458.66	917.32	1,192.52
Health Net SmartCare	769.11	1,538.22	1,999.69
Kaiser Permanente	669.77	1,339.54	1,741.40
PERS Choice	783.19	1,566.38	2,036.29
PERS Select	476.92	953.84	1,239.99
PERSCare	1,115.68	2,231.36	2,900.77
Peace Officers Research Assoc of CA	749.00	1,499.00	1,960.00
Sharp Performance Plus <sup>5</sup>	632.27	1,264.54	1,643.90
UnitedHealthcare SignatureValue Alliance	723.84	1,447.68	1,881.98
Supplement/Managed Medicare Monthly Premiums (M)			
Plan	Single-Party	Two-Party	Family
Anthem Blue Cross Select and Medicare Preferred	\$383.37	\$766.74	\$1,150.11
Anthem Blue Cross Select and Medicare Preferred	383.37	766.74	1,150.11
Anthem Blue Cross Medicare Preferred	383.37	766.74	1,150.11
Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup>	383.37	766.74	1,150.11
Kaiser Permanente Senior Advantage	324.48	648.96	973.44
Kaiser Permanente Senior Advantage plus Dental <sup>2</sup>	324.48	648.96	973.44
PERS Choice Medicare Supplement	349.97	699.94	1,049.91
PERS Select Medicare Supplement	349.97	699.94	1,049.91
PERSCare Medicare Supplement	381.25	762.50	1,143.75
Peace Officers Research Assoc of CA Medicare Supplement	513.00	1,022.00	1,635.00
Sharp Direct Advantage <sup>5</sup>	244.39	488.78	733.17
Sharp Direct Advantage plus Dental Option <sup>4&amp;5</sup>	244.39	488.78	733.17
UnitedHealthcare Group Medicare Advantage	311.56	623.12	934.68
UnitedHealthcare Group Medicare Advantage PPO	311.56	623.12	934.68
Dental/Vision <sup>3</sup>			

\*Blue Shield Trio is only available in San Luis Obispo, Santa Barbara, and Ventura.

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount. Dental benefit

<sup>4</sup>is an additional \$12.00 per member per month premium. You will be billed directly for this amount.

<sup>5</sup>Sharp Performance Plus, Sharp Direct Advantage, and Sharp Direct Advantage plus Dental Option are only available in San Diego.

**For Adjunct Faculty only: The District's 10thly Contribution for 2021 will be \$471.01**

**Region 2**

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

**Combination Monthly Premiums**

Plan	EE Medicare & 1 Dependent Basic	EE Medicare & 2+ Dependents Basic	EE and 1 Dependent Medicare & 1+ Dependent Basic
Anthem Blue Cross Select and Medicare Preferred	\$1,058.06	\$1,462.87	\$1,171.55
Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup>	1,058.06	1,462.87	1,171.55
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,429.41	2,057.03	1,394.36
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup>	1,429.41	2,057.03	1,394.36
Kaiser Permanente and Senior Advantage	994.25	1,396.11	1,050.82
Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup>	994.25	1,396.11	1,050.82
PERS Choice and Medicare Supplement	1,133.16	1,603.07	1,169.85
PERS Select and Medicare Supplement	826.89	1,113.04	986.09
PERSCare and Medicare Supplement	1,496.93	2,166.34	1,431.91
Sharp Direct Advantage	876.66	1,256.02	868.14
Sharp Direct Advantage plus Dental <sup>4</sup>	876.66	1,256.02	868.14
UnitedHealthcare Group Medicare Advantage	1,035.40	1,469.70	1,057.42
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision <sup>3</sup>	1,035.40	1,469.70	1,057.42

**Combination Monthly Premiums (Continued)**

Plan	EE Basic & 1 Dependent Medicare	EE Basic & 2+ Dependents Medicare	EE and 1+ Dependent Basic & 1 Dependent Medicare
Anthem Blue Cross Select and Medicare Preferred	\$1,058.06	\$1,441.43	\$1,462.87
Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup>	1,058.06	1,441.43	1,462.87
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,429.41	1,812.78	2,057.03
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup>	1,429.41	1,812.78	2,057.03
Kaiser Permanente and Senior Advantage	994.25	1,318.73	1,396.11
Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup>	994.25	1,318.73	1,396.11
PERS Choice and Medicare Supplement	1,133.16	1,483.13	1,603.07
PERS Select and Medicare Supplement	826.89	1,176.86	1,113.04
PERSCare and Medicare Supplement	1,496.93	1,878.18	2,166.34
Sharp Direct Advantage	876.66	1,121.05	1,256.02
Sharp Direct Advantage plus Dental <sup>4</sup>	876.66	1,121.05	1,256.02
UnitedHealthcare Group Medicare Advantage	1,035.40	1,346.96	1,469.70
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision <sup>3</sup>	1,035.40	1,346.96	1,469.70

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

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