

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

Region 3			
Los Angeles, Riverside, San Bernardino			
Basic Monthly Premiums (B)			
Plan	Single-Party	Two-Party	Family
Anthem Blue Cross Select	\$639.10	\$1,278.20	\$1,661.66
Anthem Blue Cross Traditional	984.21	1,968.42	2,558.95
Blue Shield Access+	834.88	1,669.76	2,170.69
Blue Shield Trio*	660.49	1,320.98	1,717.27
Health Net Salud y Más	412.88	825.76	1,073.49
Health Net SmartCare	691.48	1,382.96	1,797.85
Kaiser Permanente	669.84	1,339.68	1,741.58
PERS Choice	761.23	1,522.46	1,979.20
PERS Select	459.94	919.88	1,195.84
PERSCare	1,036.07	2,072.14	2,693.78
UnitedHealthcare SignatureValue Alliance	720.89	1,441.78	1,874.31
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 Dental/Vision ¹	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 ¹	383.37	766.74	1,150.11
Kaiser Permanente Senior Advantage	324.48	648.96	973.44
Kaiser Permanente Senior Advantage plus	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
UnitedHealthcare Group Medicare Advantage	311.56	623.12	934.68
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	311.56	623.12	934.68

*Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount. ¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount. ²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount. ³Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

Region 3

Los Angeles, Riverside, San Bernardino

Combination Monthly Premiums

Plan	EE Medicare & 1 Dependent	EE Medicare & 2+ Dependents	EE & 1 Dependent Medicare, & 1+ Dependent Basic
Anthem Blue Cross Select and Medicare	\$1,022.47	\$1,405.93	\$1,150.20
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,022.47	1,405.93	1,150.20
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.58	1,958.11	1,357.27
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,367.58	1,958.11	1,357.27
Kaiser Permanente and Senior Advantage	994.32	1,396.22	1,050.86
Kaiser Permanente and Senior Advantage plus Dental ²	994.32	1,396.22	1,050.86
PERS Choice and Medicare Supplement	1,111.20	1,567.94	1,156.68
PERS Select and Medicare Supplement	809.91	1,085.87	975.90
PERSCare and Medicare Supplement	1,417.32	2,038.96	1,384.14
UnitedHealthcare Group Medicare Advantage	1,032.45	1,464.98	1,055.65
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,032.45	1,464.98	1,055.65

Combination Monthly Premiums (Continued)

Plan	EE Basic & 1 Dependent Medicare	EE Basic & 2+ Dependents Medicare	EE & 1+ Dependent(s) Basic, 1 Dependent
Anthem Blue Cross Select and Medicare	\$1,022.47	\$1,405.84	\$1,405.93
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,022.47	1,405.84	1,405.93
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.58	1,750.95	1,958.11
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,367.58	1,750.95	1,958.11
Kaiser Permanente and Senior Advantage	994.32	1,318.80	1,396.22
Kaiser Permanente and Senior Advantage plus Dental ²	994.32	1,318.80	1,396.22
PERS Choice and Medicare Supplement	1,111.20	1,461.17	1,567.94
PERS Select and Medicare Supplement	809.91	1,159.88	1,085.87
PERSCare and Medicare Supplement	1,417.32	1,798.57	2,038.96
UnitedHealthcare Group Medicare Advantage	1,032.45	1,344.01	1,464.98
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,032.45	1,344.01	1,464.98

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

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

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