

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

Region 1			
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba			
Basic Monthly Premiums (B)			
Plan	Single-Party	Two-Party	Family
Anthem Blue Cross Del Norte	\$935.84	\$1,871.68	\$2,433.18
Anthem Blue Cross Select	925.60	1,851.20	2,406.56
Anthem Blue Cross Traditional	1,307.86	2,615.72	3,400.44
Blue Shield Access+	1,170.08	2,340.16	3,042.21
Blue Shield Access+ EPO	1,170.08	2,340.16	3,042.21
Blue Shield Trio*	880.50	1,761.00	2,289.30
Health Net SmartCare	1,120.21	2,240.42	2,912.55
Kaiser Permanente	813.64	1,627.28	2,115.46
PERS Choice	935.84	1,871.68	2,433.18
PERS Select	566.67	1,133.34	1,473.34
PERSCare	1,294.69	2,589.38	3,366.19
UnitedHealthcare SignatureValue Alliance	941.17	1,882.34	2,447.04
Western Health Advantage	757.02	1,514.04	1,968.25
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 PPO 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 Dental ²	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

*Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento, and Yolo.

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Combination Monthly Premiums

Plan	EE Medicare & 1 Dependent Basic	EE Medicare & 2+ Dependents Basic	EE and 1 Dependent Medicare & 1+ Dependents Basic
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,285.81	\$1,847.31	\$1,261.44
Anthem Blue Cross Select and Medicare	1,308.97	1,864.33	1,322.10
Anthem Blue Cross Select and Medicare Preferred PPO Dental/Vision ¹	1,308.97	1,864.33	1,322.10
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,691.23	2,475.95	1,551.46
Anthem Blue Cross Medicare Preferred Dental/Vision ¹	1,691.23	2,475.95	1,551.46
Kaiser Permanente and Senior Advantage	1,138.12	1,626.30	1,137.14
Kaiser Permanente Senior Advantage plus	1,138.12	1,626.30	1,137.14
PERS Choice and Medicare Supplement	1,285.81	1,847.31	1,261.44
PERS Select and Medicare Supplement	916.64	1,256.64	1,039.94
PERSCare and Medicare Supplement	1,675.94	2,452.75	1,539.31
UnitedHealthcare Group Medicare Advantage	1,252.73	1,817.43	1,187.82
UnitedHealthcare Group Medicare Advantage with Dental/Vision ³	1,252.73	1,817.43	1,187.82

Combination Monthly Premiums (Continued)

Plan	EE Basic & 1 Dependent Medicare	EE Basic & 2+ Dependents Medicare	EE and 1+ Dependents Basic, 1 Dependent Medicare
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,285.81	\$1,635.78	\$1,847.31
Anthem Blue Cross Select and Medicare	1,308.97	1,692.34	1,864.33
Anthem Blue Cross Select and Medicare Preferred with Dental/Vision ¹	1,308.97	1,692.34	1,864.33
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,691.23	2,074.60	2,475.95
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,691.23	2,074.60	2,475.95
Kaiser Permanente and Senior Advantage	1,138.12	1,462.60	1,626.30
Kaiser Permanente and Senior Advantage with Dental ²	1,138.12	1,462.60	1,626.30
PERS Choice and Medicare Supplement	1,285.81	1,635.78	1,847.31
PERS Select and Medicare Supplement	916.64	1,266.61	1,256.64
PERSCare and Medicare Supplement	1,675.94	2,057.19	2,452.75
UnitedHealthcare Group Medicare Advantage	1,252.73	1,564.29	1,817.43
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,252.73	1,564.29	1,817.43

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