Eligibility	Coverage	<u>Vendor</u>	<u>Plan</u>	<u>Tier</u>	Rate Basis	CSEBO Billed Premium
			HMO 30 - CA Care Network	Composite	Monthly	\$ 2,108.60
			HMO 30 - Select Network	Composite	Monthly	\$ 1,904.48
		Anthem Blue Cross	Indemnity IV PPO ¹	Composite	Monthly	\$ 1,774.04
			PPO 80 ¹	Composite	Monthly	\$ 1,815.64
Active	Medical	C1033	Wellness PPO ¹ Composite Monthly	Monthly	\$ 1,524.78	
			CDHP PPO 90 ¹	Single Two-Party Family	Monthly	\$ 664.80 \$ 1,214.85 \$ 1,665.08
			CDHP PPO 80 ¹	Single Two-Party Family	Monthly	\$ 515.59 \$ 942.19 \$ 1,291.37
			HMO 30 ²	HMO 30 ² Composite Mon	Monthly	\$ 1,624.60
		Kaiser Permanente	CDHP DHMO 90	Single Two-Party Family	Monthly	\$ 606.47 \$ 1,209.65 \$ 1,710.27
	Dental	Delta Dental	PPO ³	Composite	Monthly	\$ 112.52
	Vision	VSP	Base	Composite	Monthly	\$ 14.88

¹Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.





²Includes chiropractic and acupuncture rider.

³Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.

Eligibility	Coverage	<u>Vendor</u>	<u>Plan</u>	<u>Tier</u>	Rate Basis	CSEBO Billed Premium
			HMO 30 - CA Care Network	Composite	Monthly	\$ 2,108.60
			HMO 30 - Select Network	Composite	Monthly	\$ 1,904.48
		Anthem Blue Cross	Indemnity IV PPO ¹	Composite	Monthly	\$ 1,774.04
	Medical		PPO 80 ¹	Composite	Monthly	\$ 1,815.64
		C1033	Wellness PPO ¹	Composite	Monthly	\$ 1,524.78
COBRA			CDHP PPO 90 ¹ Tw	Single Two-Party Family	Monthly	\$ 664.80 \$ 1,214.85 \$ 1,665.08
			CDHP PPO 80 ¹	Single Two-Party Family	Monthly	\$ 515.59 \$ 942.19 \$ 1,291.37
		Kaiser Permanente	HMO 30 ²	Composite	Monthly	\$ 1,624.60
			CDHP DHMO 90	Single Two-Party Family	Monthly	\$ 606.47 \$ 1,209.65 \$ 1,710.27
	Dental	Delta Dental	PPO ³	Composite	Monthly	\$ 112.52
	Vision	VSP	Base	Composite	Monthly	\$ 14.88

¹Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.





²Includes chiropractic and acupuncture rider.

³Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.

Eligibility	Coverage	<u>Vendor</u>	<u>Plan</u>	<u>Tier</u>	Rate Basis	CSEBO Billed Premium
			HMO 30 - CA Care Network	Composite	Monthly	\$ 2,108.60
			HMO 30 - Select Network	Composite	Monthly	\$ 1,904.48 \$ 2,400.65 \$ 2,002.58 \$ 1,870.83 \$ 1,879.75
		Anthem Blue	Indemnity IV PPO ¹	Composite	Monthly	\$ 2,400.65
		Cross	PPO 80 ¹	Composite	Monthly	\$ 2,002.58
	Medical		Wellness PPO ¹	Composite	Monthly	\$ 1,870.83
District- Paid Retirees			CDHP PPO 90 ¹	Composite	Monthly	\$ 1,879.75
			CDHP PPO 80 ¹	Composite	Monthly	\$ 1,818.50
			HMO 30 ²	Composite	Monthly	\$ -
			CDHP DHMO 90	Composite	Monthly	\$ -
		Kaiser Permanente	Senior Advantage (with Medicare A&B) ²	Tiered	Monthly	\$ 174.87
	Dental	Delta Dental	PPO ³	Composite	Monthly	\$ 112.52
	Vision	VSP	Base	Composite	Monthly	\$ 14.88

¹Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.





²Includes chiropractic and acupuncture rider.

³Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.

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Eligibility	Coverage	Vendor	Plan	Tier	Rate Basis		BO Billed
							<u>remium</u>
			HMO 30 - CA Care	Single		\$	1,149.44
			(Under 65) ¹	Two-Party	Monthly	\$	1,678.34
			,	Family		\$	2,736.11
			HMO 30 - CA Care	Single		\$	574.73
			(Over 65 with	Two-Party	Monthly	\$	839.19
			A&B) ¹	Family		\$	1,368.06
			HMO 30 - Select	Single		\$	1,038.18
			Network (Under	Two-Party	Monthly	\$	1,515.87
			65 & Over 65) ¹	Family		\$	2,471.26
			Indemnity IV PPO	Single		\$	1,983.29
				Two-Party	Monthly	\$	3,802.49
			(Under 65) ¹	Family		\$	4,949.45
			Indemnity IV PPO	Single		\$	1,406.62
			(Over 65 with	Two-Party	Monthly	\$	2,658.72
			A&B) ¹	Family		\$	3,808.86
			Indemnity IV PPO	T . D		,	2 220 60
			,	Two-Party		\$	3,230.60
			(One Over 65 &		Monthly		
			One Under 65) ¹	Family		\$	4,506.60
				Single		\$	1,384.74
			PPO 80 (Under	Two-Party	Monthly	\$	2,510.16
		Anthem Blue	65) ¹	Family		\$	3,431.12
		Cross	PPO 80 (Over 65	Single		\$	895.00
		C1033	with A&B) ¹	_	Monthly	\$	
			WILII AQB)	Two-Party		Ą	1,790.51
	Medical		PPO 80 (Over 65	Two-Party		\$	2,857.47
			without		Monthly		
			Medicare) ¹	Family		\$	5,688.82
				Single		\$	1,298.88
Self-Pay			Wellness PPO	Two-Party	Monthly	\$	2,340.69
Retirees			(Under 65) ¹	Family		\$	3,193.24
			Wellness PPO				
			(Over 65 with	Single	Monthly	\$	836.76
				Two-Party		\$	1,666.27
			A&B) ¹	1 WO T GITTY		7	1,000.27
			Wellness PPO Single		\$	2,671.52	
			(Over 65 without		Monthly		
			Medicare) ¹ Two-Party		\$	5,294.05	
			CDHP PPO 90 (Under 65) ¹	Single	Monthly	\$	1,309.56
				Two-Party		\$	2,348.18
				Family		\$	3,198.12
			CDUD PRO CC	Single		\$	1,267.63
			CDHP PPO 80	Two-Party	Monthly	\$	2,271.06
			(Under 65) ¹	Family	·	\$	3,092.24
				Single		\$	1,163.61
			HMO 30 (Under	-	Monthly	\$	2,327.21
			65) ²	Family		\$	3,292.98
	Dental			Single	Monthly	\$	912.25
		Kaiser Permanente	CDHP DHMO 90	Two-Party		\$	1,821.22
			(Under 65) ²	Family		\$	2,575.64
			\$25 Senior	· a.iiiiy		7	_,5.5.5.
			Advantage (with	Dor Doting	Monthly	خ	17407
				Per Retiree	tiree Monthly	\$	174.87
			Medicare A&B) ²		Ċ	74.20	
		Delta Dental	PPO ³	Single	Monthly	\$	74.38
				Two-Party		\$	133.83
				Family		\$	207.76
			5.	Single		\$	8.23
	Vision	VSP	Base	Two-Party	Monthly	\$	14.88
				Family		\$	23.02

 $^{^{1}\}text{Includes}\ \20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.





²Includes chiropractic and acupuncture rider.

 $^{^3}$ Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.

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Eligibility	Coverage	<u>Vendor</u>	<u>Plan</u>	<u>Tier</u>	Rate Basis	CSEBO Billed Premium	
			HMO 30 - CA Care (Under 65) ¹	Single Two-Party Family	Monthly	\$ \$ \$	1,149.44 1,678.34 2,736.11
			HMO 30 - CA Care (Over 65 with A&B) ¹	Single Two-Party Family	Monthly	\$ \$	574.73 839.19 1,368.06
			HMO 30 - Select Network (Under 65 & Over 65) ¹	Single Two-Party Family	Monthly	\$ \$	1,038.18 1,515.87 2,471.26
			Indemnity IV PPO (Non-Medicare) ¹	Single	Monthly	\$	2,379.94
			Indemnity IV PPO	Two-Party Single		\$	4,761.48 1,189.97
			(Over 65 with Medicare) ¹	Two-Party		\$	2,379.94
	Medical	Anthem Blue Cross	Indemnity IV PPO (Over 65 No Part	Two-Party	Monthly	\$	2,023.11
			A) ¹ PPO 80 (Under	Family Single	Monthly	\$	4,046.22 2,268.67
AB528 (Certificated			65) ¹ PPO 80 (Over 65 with A&B) ¹	Two-Party Single Two-Party	Monthly	\$ \$ \$	4,519.21 895.00 1,790.51
Retirees & Surviving			PPO 80 (Over 65 without	Two-Party	Monthly	\$	2,857.47
Spouses)			Medicare) ¹	Family		\$	5,688.82
			Wellness PPO (Under 65) ¹	Single Two-Party	Monthly	\$ \$	2,121.04 4,205.61
			Wellness PPO (Over 65 with	Single Two-Party	Monthly	\$	836.76 1,666.27
			A&B) ¹ Wellness PPO (Over 65 without	Single	Monthly	\$	2,671.52
			Medicare) ¹	Two-Party	Monthly	\$	5,294.05
		Kaiser Permanente	HMO 30 (Under 65) ²	Single Two-Party	Monthly	\$ \$	1,559.80 3,119.62
			CDHP DHMO 90 (Under 65) ²	Single	Monthly	\$	1,209.65
			\$25 Senior Advantage (with Medicare A&B) ²	Two-Party Per Retiree	Monthly	\$	2,415.99
	Dental	Delta Dental	PPO ³	Single Two-Party Family	Monthly	\$ \$ \$	74.38 133.83 207.76

 $^{^{1}\}text{Includes}\ \20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

 $^{^3}$ Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.





²Includes chiropractic and acupuncture rider.