

# CALPERS MEDICAL PLAN PREMIUMS – CSU CONTRIBUTION & EMPLOYEE COST

EFFECTIVE JANUARY 1, 2011

## CSU CONTRIBUTION

<u>CSU CONTRIBUTION RATE 2010</u>	<u>Employee Only</u>	<u>Employee + One</u>	<u>Employee + Family</u>
Unit 6 Employees: Trades	\$547.00	\$1040.00	\$1346.00
All Other Employees	\$542.00	\$1030.00	\$1326.00

## EMPLOYEE COST AFTER CSU CONTRIBUTION

### Blue Shield Access + HMO - Group # PH 0001 (800) 334-5847

Full Monthly Premium	\$601.68	\$1203.36	\$1564.37
Unit 6 Employee Cost	\$54.68	\$163.36	\$218.37
<b>Employee Cost</b>	<b>\$59.68</b>	<b>\$173.36</b>	<b>\$238.37</b>

### Blue Shield NetValue\* - Group # PH 0001 (800) 334-5847

Full Monthly Premium	\$517.72	\$1035.44	\$1346.07
Unit 6 Employee Cost	\$0.00	\$0.00	\$0.07
<b>Employee Cost</b>	<b>\$0.00</b>	<b>\$5.44</b>	<b>\$20.07</b>

**Blue Shield NetValue (not available in Stanislaus and Merced Counties)** offers a smaller network of selected medical groups than Blue Shield Access+ network, however, provides the same level of benefits, access, and quality of care as Access+.

**Blue Shield NetValue available counties:** El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Santa Clara; parts of San Mateo, Ventura and Yolo

### Kaiser Permanente HMO - Group # 3-0 (800) 464-4000

Full Monthly Premium	\$522.58	\$1045.16	\$1358.71
Unit 6 Employee Cost	\$0.00	\$5.16	\$12.71
<b>Employee Cost</b>	<b>\$0.00</b>	<b>\$15.16</b>	<b>\$32.71</b>

### PERS Care PPO 90/10, administered by Anthem/Blue Cross (877) 737-7776

Full Monthly Premium	\$849.60	\$1699.20	\$2208.96
Unit 6 Employee Cost	\$302.60	\$659.20	\$862.96
<b>Employee Cost</b>	<b>\$307.60</b>	<b>\$669.20</b>	<b>\$882.96</b>

### PERS Choice PPO, 80/20, administered by Anthem/Blue Cross (877) 737-7776

Full Monthly Premium	\$535.45	\$1070.90	\$1392.17
Unit 6 Employee Cost	\$0.00	\$30.90	\$46.17
<b>Employee Cost</b>	<b>\$0.00</b>	<b>\$40.90</b>	<b>\$66.17</b>

### PERS Select PPO\*\* 80/20, administered by Anthem/Blue Cross (877) 737-7776

Full Monthly Premium	\$468.24	\$936.48	\$1217.42
Unit 6 Employee Cost	\$0.00	\$0.00	\$0.00
<b>Employee Cost</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\*\* **PERS Select PPO** uses the Blue Cross Select PPO physician network. This network is limited to California only and represents more than 50% of the PERS Choice physician network. It provides the same level of benefits, access, and quality of care of PERS Choice. Please call Blue Cross at (877) 737-7776 to see if your provider is part of the network or you may search for providers on the Blue Cross website.

**CalPERS Health Plan Chooser** allows CalPERS members to view the majority of their health plan information in one place, compare plans side-by-side and rank each plan based on personal preference. To access the CalPERS Health Plan Chooser [click here](#).

**DENTAL, VISION, AND EAP PLANS: (CSU PAYS FULL MONTHLY PREMIUM FOR EMPLOYEE AND FAMILY)**

**Delta Dental PPO - Group # 4018** – (choose your own dentist) **(888) 335-8227**  
*Delta Basic* Available to Unit 8 and E99  
*Delta Enhanced Level I* Available to Unit 10  
*Delta Enhanced Level II* Available to Unit 1, 2, 3, 4, 5, 6, 7 and 9; and Executives; MPP;  
Confidential; and FERP Annuitants

**DeltaCare USA** (Formally PMI) - **Group # 2034** – (must use DeltaCare provider) **(800) 422-4234**  
*DeltaCare Basic* Available to Unit 8 and E99  
*DeltaCare Enhanced* Available to Unit 1, 2, 3, 4, 5, 6, 7 and 9; and Executives; MPP;  
Confidential; and FERP Annuitants

**Vision Service Plan (VSP) - Group #12292796** **(800) 877-7195**  
*Automatic Enrollment* Available to All Employee Groups

**Managed Health Network (MHN)**  
***Employee Assistance Program (EAP) - Group # 5028*** **(800) 227-1060**  
An EAP is a services designed to help you manage life's challenges and can refer you to professional counselors and services that can help you resolve emotional, health, family and work issues.

**Flexcash**  
May waive health and/or dental when employee has other non-CSU coverage to receive  
Cash in lieu of health enrollment per month: \$128.00  
Cash in lieu of dental enrollment per month: \$ 12.00