

**LOS ANGELES COMMUNITY COLLEGE DISTRICT**  
**Health Benefits Premium Rates**  
**February 2011 to December 2011**

**Cal PERS 2011 Medical Preimums - Regional Contracting Agencies Only**

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin,  
 San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yoto, Yuba

**Basic Premium Rates - BAY AREA**

Plan	Actives			Adjuncts*		
	Single	Two Party	Family	Single	Two Party	Family
Blue Shield Access+	810.61	1,621.22	2,107.60	546.61	1,357.22	1,843.60
Blue Shield NetValue	697.49	1,394.98	1,813.46	433.49	1,130.98	1,549.46
Kaiser CA	682.79	1,365.58	1,775.24	418.79	1,101.58	1,511.24
PERS Choice	676.08	1,352.16	1,757.81	412.08	1,088.16	1,493.81
PERS Select	591.22	1,182.43	1,537.16	327.22	918.43	273.16
PERSCare	1,072.74	2,145.48	2,789.12	808.74	1,881.48	2,525.12

\*Rates Shown Tenthly minus District contribution

**Basic Premium Rates - SACRAMENTO**

El Dorado, Placer, Sacramento

Plan	Actives			Adjuncts*		
	Single	Two Party	Family	Single	Two Party	Family
Blue Shield Access+	730.97	1,461.94	1,900.51	466.97	1,197.94	1,636.51
Blue Shield NetValue	649.72	1,299.43	1,689.26	385.72	1,035.43	1,425.26
Kaiser CA	629.41	1,258.82	1,636.48	365.41	994.82	1,372.48
PERS Choice	628.85	1,257.70	1,635.00	364.85	993.70	1,371.00
PERS Select	549.92	1,099.85	1,429.80	285.92	835.85	1,165.80
PERSCare	997.80	1,995.60	2,594.28	733.80	1,731.60	2,330.28

\*Rates Shown Tenthly minus District contribution

**Basic Premium Rates - LOS ANGELES AREA**

Los Angeles, San Bernardino, Ventura

Plan	Actives			Adjuncts*		
	Single	Two Party	Family	Single	Two Party	Family
Blue Shield Access+	596.32	1,192.63	1,550.42	332.32	928.63	1,286.42
Blue Shield NetValue	513.10	1,026.19	1,334.05	249.10	762.19	1,070.05
Kaiser CA	520.80	1,041.60	1,354.60	256.80	777.60	1,090.08
PERS Choice	595.38	1,190.76	1,547.99	331.38	926.76	1,283.99
PERS Select	520.64	1,041.29	1,353.67	256.64	777.29	1,089.67
PERSCare	<b>944.69</b>	1,889.38	2,456.18	<b>680.69</b>	1,625.38	2,192.18

\*Rates Shown Tenthly minus District contribution

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**Basic Premium Rates - OTHER SOUTHERN CALIFORNIA**

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

Plan	Actives			Adjuncts*		
	Single	Two Party	Family	Single	Two Party	Family
Blue Shield Access+	681.44	1,362.89	1,771.75	417.44	1,098.89	1,057.75
Blue Shield NetValue	586.34	1,172.69	1,524.49	322.34	908.69	1,260.49
Kaiser CA	573.54	1,147.08	1,491.20	309.54	883.08	1,227.20
PERS Choice	619.54	1,239.07	1,610.80	355.54	975.07	1,346.80
PERS Select	541.78	1,083.55	1,408.62	277.78	819.55	1,144.62
PERSCare	983.02	1,966.03	2,555.84	719.02	1,702.03	2,291.84

\*Rates Shown Tenthly minus District contribution

**Basic Premium Rates - OTHER NORTHERN CALIFORNIA**

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

Plan	Actives			Adjuncts*		
	Single	Two Party	Family	Single	Two Party	Family
Blue Shield Access+	822.80	1,645.61	2,139.29	558.80	1,381.61	1,875.29
PERS Choice	658.54	1,317.07	1,712.20	394.54	1,053.07	1,448.20
PERS Select	575.88	1,151.76	1,497.29	311.88	887.76	1,233.29
PERSCare	1,044.91	2,089.82	2,716.78	780.91	1,825.82	2,452.78

**Basic Premium Rates - OUT OF STATE**

\*Rates Shown Tenthly minus District contribution

Plan	Actives			Adjuncts*		
	Single	Two Party	Family	Single	Two Party	Family
PERS Choice	764.36	1,528.73	1,987.34	500.36	1,264.73	1,723.34
PERSCare	1,212.82	2,425.63	3,153.32	948.82	2,161.63	2,889.32

\*Rates Shown Tenthly minus District contribution

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**2011 Dental/Vision Preimums**  
**Delta Dental & Metlife/Safeguard & Vision Service Plan**

Plan	Actives			COBRA		
	Single	Two Party	Family	Single	Two Party	Family
Delta Dental (PPO)*	<b>54.60</b>	109.23	137.18	55.69	111.42	139.92
Safeguard Dental**	19.96	37.91	47.88	20.36	38.67	48.84
VSP*	11.24	16.29	19.05	11.46	16.62	19.43

\*Delta Dental (PPO)\* and VSP rates shown are premium equivalent rates, actual costs will be a combination of self-funded fees and claims.

\*\*The Safeguard plan became eff 1/1/09 with a 36 month rate guarantee. The group will not renew until 1/1/2012.

Plan	Part-Time (Premium Only Plan) ***		
	Single	Two Party	Family
Delta Dental (PPO)	<b>65.52</b>	131.08	164.62
Safeguard Dental	23.95	45.49	57.46
VSP	13.49	19.55	22.86

\*\*\*Rates shown tenthly