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

Region 2					
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego	, San Luis Obi	spo, Santa Barba	ara, Tulare,		
Basic Monthly Premiums (B)					
Plan	Single-	Two-	Family		
ridii	Party	Party			
Anthem Blue Cross Select	\$674.69	\$1,349.38	\$1,754.19		
Anthem Blue Cross Traditional	1,046.04	2,092.08	2,719.70		
Blue Shield Access+	938.96	1,877.92	2,441.30		
Blue Shield Trio*	722.56	1,445.12	1,878.66		
Health Net Salud y Más	458.66	917.32	1,192.52		
Health Net SmartCare	769.11	1,538.22	1,999.69		
Kaiser Permanente	669.77	1,339.54	1,741.40		
PERS Choice	783.19	1,566.38	2,036.29		
PERS Select	476.92	953.84	1,239.99		
PERSCare	1,115.68	2,231.36	2,900.77		
Peace Officers Research Assoc of CA	749.00	1,499.00	1,960.00		
Sharp Performance Plus <sup>5</sup>	632.27	1,264.54	1,643.90		
UnitedHealthcare SignatureValue Alliance	723.84	1,447.68	1,881.98		
Supplement/Managed Medicare Monthly Premiums (M)					
Supplement/Managed Medicare Month	nly Premiums	(M)			
	nly Premiums Single-	Two-	Family		
Supplement/Managed Medicare Month Plan		•	Family		
	Single-	Two-	Family \$1,150.11		
Plan	Single- Party	Two- Party	·		
Plan Anthem Blue Cross Select and Medicare Preferred	Single- Party \$383.37	Two- Party \$766.74	\$1,150.11		
Plan  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Select and Medicare Preferred	\$383.37 \$383.37	Two- Party \$766.74 766.74	\$1,150.11 1,150.11		
Plan  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Medicare Preferred	\$383.37 \$383.37 383.37 383.37	Two- Party \$766.74 766.74	\$1,150.11 1,150.11 1150.11		
Plan  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Medicare Preferred  Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage	\$383.37 \$383.37 383.37 383.37 383.37	Two- Party \$766.74 766.74 766.74	\$1,150.11 1,150.11 1150.11 1,150.11		
Plan  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Select and Medicare Preferred  Anthem Blue Cross Medicare Preferred  Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup>	\$383.37 \$383.37 383.37 383.37 383.37 324.48	Two- Party \$766.74 766.74 766.74 766.74 648.96	\$1,150.11 1,150.11 1150.11 1,150.11 973.44		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage plus Dental <sup>2</sup>	\$ingle- Party \$383.37 383.37 383.37 383.37 324.48 324.48	Two- Party \$766.74 766.74 766.74 766.74 648.96	\$1,150.11 1,150.11 1150.11 1,150.11 973.44 973.44		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage plus Dental <sup>2</sup> PERS Choice Medicare Supplement	\$ingle- Party \$383.37 383.37 383.37 383.37 324.48 324.48 349.97	Two- Party \$766.74 766.74 766.74 766.74 648.96 648.96	\$1,150.11 1,150.11 1150.11 1,150.11 973.44 973.44 1,049.91		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage plus Dental <sup>2</sup> PERS Choice Medicare Supplement PERS Select Medicare Supplement	\$ingle- Party \$383.37 383.37 383.37 383.37 324.48 324.48 349.97 349.97	Two- Party \$766.74 766.74 766.74 648.96 648.96 699.94	\$1,150.11 1,150.11 1150.11 1,150.11 973.44 973.44 1,049.91 1,049.91		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage plus Dental <sup>2</sup> PERS Choice Medicare Supplement PERS Select Medicare Supplement PERSCare Medicare Supplement Peace Officers Research Assoc of CA Medicare Supplement	\$ingle- Party \$383.37 383.37 383.37 383.37 324.48 324.48 349.97 349.97 381.25	Two- Party \$766.74 766.74 766.74 648.96 648.96 699.94 699.94	\$1,150.11 1,150.11 1150.11 1,150.11 973.44 973.44 1,049.91 1,049.91 1,143.75 1,635.00		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage plus Dental <sup>2</sup> PERS Choice Medicare Supplement PERS Select Medicare Supplement PERSCare Medicare Supplement Peace Officers Research Assoc of CA Medicare Supplement Sharp Direct Advantage <sup>5</sup>	\$ingle- Party \$383.37 383.37 383.37 324.48 324.48 349.97 349.97 381.25 513.00	Two- Party \$766.74 766.74 766.74 648.96 648.96 699.94 699.94 762.50 1,022.00	\$1,150.11 1,150.11 1150.11 1,150.11 973.44 973.44 1,049.91 1,049.91 1,143.75 1,635.00 733.17		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage plus Dental <sup>2</sup> PERS Choice Medicare Supplement PERS Select Medicare Supplement PERSCare Medicare Supplement Peace Officers Research Assoc of CA Medicare Supplement	\$ingle- Party \$383.37 383.37 383.37 383.37 324.48 324.48 349.97 349.97 381.25 513.00 244.39	Two- Party \$766.74 766.74 766.74 648.96 648.96 699.94 699.94 762.50 1,022.00 488.78	\$1,150.11 1,150.11 1150.11 1,150.11 973.44 973.44 1,049.91 1,049.91 1,143.75 1,635.00 733.17		
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Anthem Blue Cross Medicare Preferred Dental/Vision¹ Kaiser Permanente Senior Advantage Kaiser Permanente Senior Advantage PERS Choice Medicare Supplement PERS Select Medicare Supplement PERSCare Medicare Supplement Peace Officers Research Assoc of CA Medicare Supplement Sharp Direct Advantage plus Dental Option⁴ Sharp Direct A	\$ingle-Party \$383.37 383.37 383.37 324.48 324.48 349.97 349.97 381.25 513.00 244.39 244.39	Two- Party \$766.74 766.74 766.74 648.96 648.96 699.94 699.94 762.50 1,022.00 488.78	\$1,150.11 1,150.11 1,150.11 1,150.11 973.44 973.44 1,049.91 1,049.91 1,143.75 1,635.00 733.17		

<sup>\*</sup>Blue Shield Trio is only available in San Luis Obispo, Santa Barbara, and Ventura.

<sup>&</sup>lt;sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>2</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount. Dental benefit

<sup>&</sup>lt;sup>4</sup>is an additional \$12.00 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>5</sup>Sharp Performance Plus, Sharp Direct Advantage, and Sharp Direct Advantage plus Dental Option are only available in San Diego.

## For Adjunct Faculty only: The District's 10thly Contribution for 2021 will be \$471.01

## **Region 2**

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

Combination Monthly Premiums				
Plan	EE Medicare & 1 Dependent Basic	EE Medicare & 2+ Dependents Basic	EE and 1 Dependent Medicare & 1+ Dependent Basic	
Anthem Blue Cross Select and Medicare Preferred	\$1,058.06	\$1,462.87	\$1,171.55	
Anthem Blue Cross Select and Medicare Preferred	1,058.06	1,462.87	1,171.55	
Dental/Vision <sup>1</sup>				
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,429.41	2,057.03	1,394.36	
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,429.41	2,057.03	1,394.36	
Dental/Vision <sup>1</sup>				
Kaiser Permanente and Senior Advantage	994.25	1,396.11	1,050.82	
Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup>	994.25	1,396.11	1,050.82	
PERS Choice and Medicare Supplement	1,133.16	1,603.07	1,169.85	
PERS Select and Medicare Supplement	826.89	1,113.04	986.09	
PERSCare and Medicare Supplement	1,496.93	2,166.34	1,431.91	
Sharp Direct Advantage	876.66	1,256.02	868.14	
Sharp Direct Advantage plus Dental <sup>4</sup>	876.66	1,256.02	868.14	
UnitedHealthcare Group Medicare Advantage	1,035.40	1,469.70	1,057.42	
UnitedHealthcare Group Medicare Advantage PPO	1,035.40	1,469.70	1,057.42	
Dental/Vision <sup>3</sup>				
Combination Mont	hly Premiums (Contin	ued)		
Plan	EE Basic & 1 Dependent Medicare	EE Basic & 2+ Dependents Medicare	EE and 1+ Dependent Basic & 1 Dependent Medicare	
	Dependent Medicare	Dependents Medicare	Basic & 1 Dependent Medicare	
Anthem Blue Cross Select and Medicare Preferred	Dependent Medicare \$1,058.06	Dependents Medicare \$1,441.43	Basic & 1 Dependent Medicare \$1,462.87	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred	Dependent Medicare	Dependents Medicare	Basic & 1 Dependent Medicare	
Anthem Blue Cross Select and Medicare Preferred	Dependent Medicare \$1,058.06 1,058.06	\$1,441.43 1,441.43	Basic & 1 Dependent Medicare \$1,462.87 1,462.87	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup>	Dependent Medicare \$1,058.06	Dependents Medicare \$1,441.43	Basic & 1 Dependent Medicare \$1,462.87	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred	Dependent Medicare \$1,058.06 1,058.06	\$1,441.43 1,441.43 1,812.78	Basic & 1 Dependent Medicare \$1,462.87 1,462.87	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup>	Dependent Medicare \$1,058.06 1,058.06	\$1,441.43 1,441.43 1,812.78 1,812.78	Basic & 1 Dependent Medicare \$1,462.87 1,462.87 2,057.03 2,057.03	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage	Dependent Medicare \$1,058.06 1,058.06 1,429.41 1,429.41	\$1,441.43 1,441.43 1,812.78	Basic & 1 Dependent Medicare \$1,462.87 1,462.87	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup>	Dependent Medicare \$1,058.06 1,058.06 1,429.41 1,429.41	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73	Basic & 1 Dependent Medicare \$1,462.87  1,462.87  2,057.03  2,057.03  1,396.11	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage	Dependent Medicare \$1,058.06 1,058.06 1,429.41 1,429.41 994.25 994.25	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73 1,318.73	### Basic & 1 Dependent Medicare  \$1,462.87  1,462.87  2,057.03  2,057.03  1,396.11  1,396.11	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup> PERS Choice and Medicare Supplement	Dependent Medicare \$1,058.06 1,058.06 1,429.41 1,429.41 994.25 994.25 1,133.16	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73 1,318.73 1,483.13	## Sasic & 1 Dependent Medicare  \$1,462.87  1,462.87  2,057.03  2,057.03  2,057.03  1,396.11  1,396.11  1,603.07	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup> PERS Choice and Medicare Supplement PERS Select and Medicare Supplement	Dependent Medicare \$1,058.06 1,058.06  1,429.41 1,429.41 994.25 994.25 1,133.16 826.89	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73 1,318.73 1,483.13 1,176.86	Basic & 1 Dependent Medicare  \$1,462.87  1,462.87  2,057.03  2,057.03  1,396.11  1,603.07  1,113.04	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision¹ Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision¹ Kaiser Permanente and Senior Advantage Kaiser Permanente and Senior Advantage plus Dental² PERS Choice and Medicare Supplement PERS Select and Medicare Supplement PERSCare and Medicare Supplement Sharp Direct Advantage	Dependent Medicare \$1,058.06 1,058.06  1,429.41 1,429.41 994.25 994.25 1,133.16 826.89 1,496.93	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73 1,318.73 1,483.13 1,176.86 1,878.18	Basic & 1 Dependent Medicare  \$1,462.87  1,462.87  2,057.03  2,057.03  1,396.11  1,396.11  1,603.07  1,113.04  2,166.34	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup> PERS Choice and Medicare Supplement PERS Select and Medicare Supplement PERSCare and Medicare Supplement	Dependent Medicare \$1,058.06 1,058.06 1,429.41 1,429.41 994.25 994.25 1,133.16 826.89 1,496.93 876.66	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73 1,318.73 1,483.13 1,176.86 1,878.18 1,121.05	## Redicare    \$1,462.87	
Anthem Blue Cross Select and Medicare Preferred Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup> Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup> Kaiser Permanente and Senior Advantage Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup> PERS Choice and Medicare Supplement PERS Select and Medicare Supplement PERSCare and Medicare Supplement Sharp Direct Advantage Sharp Direct Advantage plus Dental <sup>4</sup>	Dependent Medicare \$1,058.06 1,058.06  1,429.41 1,429.41 994.25 994.25 1,133.16 826.89 1,496.93 876.66 876.66	\$1,441.43 1,441.43 1,812.78 1,812.78 1,318.73 1,318.73 1,483.13 1,176.86 1,878.18 1,121.05	## Redicare    \$1,462.87	

<sup>&</sup>lt;sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>2</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>4</sup>Dental benefit is an additional \$12.00 per member per month premium. You will be billed directly for this amount.