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

Los Angeles, Riverside, San Bernardino			
Basic Monthly Premiums (B)			
Plan	Single-Party	Two-Party	Family
Anthem Blue Cross Select	\$639.10	\$1,278.20	\$1,661.66
Anthem Blue Cross Traditional	984.21	1,968.42	2,558.95
Blue Shield Access+	834.88	1,669.76	2,170.69
Blue Shield Trio*	660.49	1,320.98	1,717.27
Health Net Salud y Más	412.88	825.76	1,073.49
Health Net SmartCare	691.48	1,382.96	1,797.85
Kaiser Permanente	669.84	1,339.68	1,741.58
PERS Choice	761.23	1,522.46	1,979.20
PERS Select	459.94	919.88	1,195.84
PERSCare	1,036.07	2,072.14	2,693.78
UnitedHealthcare SignatureValue Alliance	720.89	1,441.78	1,874.31

Supplement/Managed Medicare Monthly Premiums (M)					
Plan	Single-Party	Two-Party	Family		
Anthem Blue Cross Select and	\$383.37	\$766.74	\$1,150.11		
Medicare Preferred					
Anthem Blue Cross Select and Medicare	383.37	766.74	1,150.11		
Preferred Dental/Vision ¹					
Anthem Blue Cross Medicare Preferred	383.37	766.74	1,150.11		
Anthem Blue Cross Medicare Preferred	383.37	766.74	1,150.11		
Dental/Vision ¹					
Kaiser Permanente Senior Advantage	324.48	648.96	973.44		
Kaiser Permanente Senior Advantage plus	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	311.56	623.12	934.68		
PPO Dental/Vision ³					

*Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount. ¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount. ²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

Region 3			
Los Angeles, Riverside, San Bernardino			
Combination Monthly Premiums			
	EE Medicare	EE Medicare	EE & 1 Dependent
Plan	& 1	& 2+	Medicare, & 1+
	Dependent	Dependents	Dependent Basic
Anthem Blue Cross Select and Medicare	\$1,022.47	\$1,405.93	\$1,150.20
Anthem Blue Cross Select and Medicare	1,022.47	1,405.93	1,150.20
Preferred Dental/Vision ¹			
Anthem Blue Cross Traditional HMO and	1,367.58	1,958.11	1,357.27
Medicare Preferred			
Anthem Blue Cross Traditional HMO and	1,367.58	1,958.11	1,357.27
Medicare Preferred Dental/Vision ¹			
Kaiser Permanente and Senior Advantage	994.32	1,396.22	1,050.86
Kaiser Permanente and Senior Advantage plus	994.32	1,396.22	1,050.86
Dental ²			
PERS Choice and Medicare Supplement	1,111.20	1,567.94	1,156.68
PERS Select and Medicare Supplement	809.91	1,085.87	975.90
PERSCare and Medicare Supplement	1,417.32	2,038.96	1,384.14
UnitedHealthcare Group Medicare Advantage	1,032.45	1,464.98	1,055.65
UnitedHealthcare Group Medicare Advantage	4 000 45		
PPO Dental/Vision ³	1,032.45	1,464.98	1,055.65
PPO Dental/Vision ³ Combination Monthly Premiums (Continued)	1,032.45	1,464.98	1,055.65
	1,032.45 EE Basic & 1	1,464.98 EE Basic & 2+	1,055.65 EE & 1+
Combination Monthly Premiums (Continued)	EE Basic & 1	EE Basic & 2+	EE & 1+
Combination Monthly Premiums (Continued)	EE Basic & 1 Dependent	EE Basic & 2+ Dependents	EE & 1+ Dependent(s) Basic, 1 Dependent
Combination Monthly Premiums (Continued) Plan	EE Basic & 1 Dependent Medicare	EE Basic & 2+ Dependents Medicare	EE & 1+ Dependent(s) Basic, 1 Dependent
Combination Monthly Premiums (Continued) Plan Anthem Blue Cross Select and Medicare Anthem Blue Cross Select and Medicare	EE Basic & 1 Dependent Medicare \$1,022.47	EE Basic & 2+ Dependents Medicare \$1,405.84	EE & 1+ Dependent(s) Basic, 1 Dependent \$1,405.93
Combination Monthly Premiums (Continued) Plan Anthem Blue Cross Select and Medicare	EE Basic & 1 Dependent Medicare \$1,022.47	EE Basic & 2+ Dependents Medicare \$1,405.84	EE & 1+ Dependent(s) Basic, 1 Dependent \$1,405.93
Combination Monthly Premiums (Continued) Plan Anthem Blue Cross Select and Medicare Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93
Combination Monthly Premiums (Continued) Plan Anthem Blue Cross Select and Medicare Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO and	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO and	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11
Combination Monthly Premiums (Continued) Plan Anthem Blue Cross Select and Medicare Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO and Medicare Preferred	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11
Combination Monthly Premiums (Continued) Plan Anthem Blue Cross Select and Medicare Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred Anthem Blue Cross Traditional HMO and Medicare Preferred	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95 1,750.95	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11 1,958.11
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior Advantage	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95 1,750.95 1,750.95	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11 1,958.11 1,958.11
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior AdvantageKaiser Permanente and Senior Advantage	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95 1,750.95 1,750.95	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11 1,958.11 1,958.11
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior AdvantageKaiser Permanente and Senior Advantageplus Dental ²	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32 994.32	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95 1,750.95 1,750.95 1,318.80 1,318.80	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11 1,958.11 1,396.22 1,396.22 1,396.22
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior AdvantageKaiser Permanente and Senior Advantageplus Dental ² PERS Choice and Medicare SupplementPERS Select and Medicare Supplement	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32 994.32 994.32	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95 1,750.95 1,318.80 1,318.80 1,318.80	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11 1,958.11 1,396.22 1,396.22 1,396.22
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior AdvantageKaiser Permanente and Senior Advantageplus Dental ² PERS Choice and Medicare Supplement	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32 994.32 994.32 1,111.20 809.91	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,750.95 1,750.95 1,750.95 1,318.80 1,318.80 1,318.80	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,958.11 1,958.11 1,396.22 1,396.22 1,396.22
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior AdvantageKaiser Permanente and Senior Advantageplus Dental ² PERS Choice and Medicare SupplementPERSCare and Medicare Supplement	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32 994.32 994.32 1,111.20 809.91 1,417.32 1,032.45	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,405.84 1,750.95 1,750.95 1,750.95 1,318.80 1,318.80 1,318.80 1,318.80 1,318.80 1,318.80	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,405.93 1,958.11 1,958.11 1,396.22 1,396.22 1,396.22 1,396.22 1,396.22 2,038.96 1,464.98
Combination Monthly Premiums (Continued)PlanAnthem Blue Cross Select and MedicareAnthem Blue Cross Select and MedicarePreferred Dental/Vision ¹ Anthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare PreferredAnthem Blue Cross Traditional HMO andMedicare Preferred Dental/Vision ¹ Kaiser Permanente and Senior AdvantageKaiser Permanente and Senior Advantageplus Dental ² PERS Choice and Medicare SupplementPERS Select and Medicare SupplementPERSCare and Medicare SupplementUnitedHealthcare Group Medicare Advantage	EE Basic & 1 Dependent Medicare \$1,022.47 1,022.47 1,367.58 1,367.58 994.32 994.32 994.32 1,111.20 809.91 1,417.32	EE Basic & 2+ Dependents Medicare \$1,405.84 1,405.84 1,405.84 1,750.95 1,750.95 1,318.80 1,318.80 1,318.80 1,318.80 1,318.80	EE & 1+ Dependent(s) Basic, <u>1 Dependent</u> \$1,405.93 1,405.93 1,405.93 1,958.11 1,958.11 1,396.22 1,396.22 1,396.22 1,567.94 1,085.87 2,038.96

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