

## 2010 BASIC MONTHLY BENEFIT RATES

### EMPLOYEE CONTRIBUTION FOR BARGAINING UNIT 8

HEALTH	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Blue Shield (HMO)	\$517.09 / 2051	\$1,034.18 / 2052	\$1,344.43 / 2053
*Blue Shield NetValue (HMO)	\$447.82 / 0421	\$895.64 / 0422	\$1164.33 / 0423
*Kaiser (HMO)	\$494.99 / 0561	\$989.98 / 0562	\$1286.97 / 0563
PERS Choice (PPO)	\$487.25 / 2221	\$974.50 / 2222	\$1266.85 / 2223
PERS Select (PPO)	\$454.87 / 0451	\$909.74 / 0452	\$1182.66 / 0453
PERS Care (PPO)	\$831.50 / 2781	\$1663.00 / 2782	\$2161.90 / 2783

\* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2010 Health Program Guide](#)

DENTAL	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
DELTA Dental Premier (PPO)	\$51.87 / 351-007	\$92.08 / 351-007	\$134.00 / 351-007
DeltaCare USA (HMO)	\$17.35 / 351-009	\$28.47 / 351-009	\$39.38 / 351-009
Safeguard (HMO)	\$16.58 / 351-016	\$26.86 / 351-016	\$37.62 / 351-016

VISION	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Vision Service Plan (Mandatory)	\$9.19 / 475-002	\$9.19 / 475-002	\$9.19 / 475-002

STATE CONTRIBUTION FOR BU 8 (Not subject to Dependent Vesting)	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Bargaining Unit 8 CoBen	\$466.00	\$890.00	\$1158.00

### MONTHLY COST EXAMPLES FOR BARGAINING UNIT 8:

Benefit Plans	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Blue Shield	\$517.09	\$1,034.18	\$1,344.43
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$466.00)</i>	<i>(\$890.00)</i>	<i>(\$1158.00)</i>
<i>Employee Monthly Total</i>	<b>\$112.15</b>	<b>\$245.45</b>	<b>\$329.62</b>
Kaiser	\$494.99	\$989.98	\$1286.97
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$466.00)</i>	<i>(\$890.00)</i>	<i>(\$1158.00)</i>
<i>Employee Monthly Total</i>	<b>\$90.05</b>	<b>\$201.25</b>	<b>\$272.16</b>
PERS Choice	\$487.25	\$974.50	\$1266.85
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$466.00)</i>	<i>(\$890.00)</i>	<i>(\$1158.00)</i>
<i>Employee Monthly Total</i>	<b>\$82.31</b>	<b>\$185.77</b>	<b>\$252.04</b>

## 2010 BASIC MONTHLY BENEFIT RATES

### EMPLOYEE CONTRIBUTION FOR BARGAINING UNITS 1 & 4

Based on 100% Dependent Vesting

HEALTH	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Blue Shield (HMO)	\$517.09 / 2051	\$1,034.18 / 2052	\$1,344.43 / 2053
*Blue Shield NetValue (HMO)	\$447.82 / 0421	\$895.64 / 0422	\$1164.33 / 0423
*Kaiser (HMO)	\$494.99 / 0561	\$989.98 / 0562	\$1286.97 / 0563
PERS Choice (PPO)	\$487.25 / 2221	\$974.50 / 2222	\$1266.85 / 2223
PERS Select (PPO)	\$454.87 / 0451	\$909.74 / 0452	\$1182.66 / 0453
PERS Care (PPO)	\$831.50 / 2781	\$1663.00 / 2782	\$2161.90 / 2783

\* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2010 Health Program Guide](#)

DENTAL	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
**DELTA Dental Premier (PPO)	\$51.87 / 351-007	\$92.08 / 351-007	\$134.00 / 351-007
DeltaCare USA (HMO)	\$17.35 / 351-009	\$28.47 / 351-009	\$39.38 / 351-009
Safeguard (HMO)	\$16.58 / 351-016	\$26.86 / 351-016	\$37.62 / 351-016

\*\* Only available after 2 years of State Service

VISION	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Vision Service Plan (Mandatory)	\$9.19 / 475-001	\$9.19 / 475-001	\$9.19 / 475-001

STATE CONTRIBUTION FOR BU 1 & 4 (Subject to Dependent Vesting)	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
State Service: 0-12 Months 50% Dependent Vesting	\$393.00	\$590.00	\$708.00
State Service 13-24 Months 75% Dependent Vesting	\$393.00	\$689.00	\$866.00
State Service: 2 Years or more 100% Dependent Vesting	\$393.00	\$787.00	\$1024.00

#### Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting receive 50 percent of the employer dependent contribution for the first 12 months of service, and 75 percent of the employer dependent contribution for months 13 through 24. After 24 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

### MONTHLY COST EXAMPLES FOR BARGAINING UNIT 1 & 4:

Based on 100% Dependent Vesting

Benefit Plans	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Blue Shield	\$517.09	\$1,034.18	\$1,344.43
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	(\$393.00)	(\$787.00)	(\$1024.00)
<i>Employee Monthly Total</i>	<b>\$185.15</b>	<b>\$348.45</b>	<b>\$463.62</b>
Kaiser	\$494.99	\$989.98	\$1286.97
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	(\$393.00)	(\$787.00)	(\$1024.00)
<i>Employee Monthly Total</i>	<b>\$163.05</b>	<b>\$304.25</b>	<b>\$406.16</b>
PERS Choice	\$487.25	\$974.50	\$1266.85
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	(\$393.00)	(\$787.00)	(\$1024.00)
<i>Employee Monthly Total</i>	<b>\$155.31</b>	<b>\$288.77</b>	<b>\$386.04</b>

# 2010 BASIC MONTHLY BENEFIT RATES

## EMPLOYEE CONTRIBUTION FOR BARGAINING UNIT 7

Based on 100% Dependent Vesting

HEALTH		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Blue Shield	(HMO)	\$517.09 / 2051	\$1,034.18 / 2052	\$1,344.43 / 2053
*Blue Shield NetValue	(HMO)	\$447.82 / 0421	\$895.64 / 0422	\$1164.33 / 0423
*Kaiser	(HMO)	\$494.99 / 0561	\$989.98 / 0562	\$1286.97 / 0563
PERS Choice	(PPO)	\$487.25 / 2221	\$974.50 / 2222	\$1266.85 / 2223
PERS Select	(PPO)	\$454.87 / 0451	\$909.74 / 0452	\$1182.66 / 0453
PERS Care	(PPO)	\$831.50 / 2781	\$1663.00 / 2782	\$2161.90 / 2783

\* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2010 Health Program Guide](#)

DENTAL		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
**DELTA Dental Premier	(PPO)	\$51.87 / 351-007	\$92.08 / 351-007	\$134.00 / 351-007
DeltaCare USA	(HMO)	\$17.35 / 351-009	\$28.47 / 351-009	\$39.38 / 351-009
Safeguard	(HMO)	\$16.58 / 351-016	\$26.86 / 351-016	\$37.62 / 351-016

\*\* Only available after 2 years of State Service

VISION		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Vision Service Plan	(Mandatory)	\$9.19 / 475-001	\$9.19 / 475-001	\$9.19 / 475-001

STATE CONTRIBUTION FOR BU 7 (Subject to Dependent Vesting)	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
State Service: 0-12 Months 50% Dependent Vesting	\$416.00	\$628.00	\$767.00
State Service 12-24 Months 75% Dependent Vesting	\$416.00	\$721.00	\$914.00
State Service: 2 Years or more 100% Dependent Vesting	\$416.00	\$813.00	\$1061.00

### Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting are provided with 50 percent of the employer dependent contribution for the first 12 months of service, and 75 percent of the employer dependent contribution for months 13 through 24. After 24 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

## MONTHLY COST EXAMPLES FOR BARGAINING UNIT 7:

Based on 100% Dependent Vesting

Benefit Plans	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Blue Shield	\$517.09	\$1,034.18	\$1,344.43
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$416.00)</i>	<i>(\$813.00)</i>	<i>(\$1061.00)</i>
<b>Employee Monthly Total</b>	<b>\$162.15</b>	<b>\$322.45</b>	<b>\$426.62</b>
Kaiser	\$494.99	\$989.98	\$1286.97
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$416.00)</i>	<i>(\$813.00)</i>	<i>(\$1061.00)</i>
<b>Employee Monthly Total</b>	<b>\$140.05</b>	<b>\$278.25</b>	<b>\$369.16</b>
PERS Choice	\$487.25	\$974.50	\$1266.85
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$416.00)</i>	<i>(\$813.00)</i>	<i>(\$1061.00)</i>
<b>Employee Monthly Total</b>	<b>\$132.31</b>	<b>\$262.77</b>	<b>\$349.04</b>

# 2010 BASIC MONTHLY BENEFIT RATES

## EMPLOYEE CONTRIBUTION FOR BARGAINING UNITS 12 & 13

Based on 100% Dependent Vesting

HEALTH	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Blue Shield (HMO)	\$517.09 / 2051	\$1,034.18 / 2052	\$1,344.43 / 2053
*Blue Shield NetValue (HMO)	\$447.82 / 0421	\$895.64 / 0422	\$1164.33 / 0423
*Kaiser (HMO)	\$494.99 / 0561	\$989.98 / 0562	\$1286.97 / 0563
PERS Choice (PPO)	\$487.25 / 2221	\$974.50 / 2222	\$1266.85 / 2223
PERS Select (PPO)	\$454.87 / 0451	\$909.74 / 0452	\$1182.66 / 0453
PERS Care (PPO)	\$831.50 / 2781	\$1663.00 / 2782	\$2161.90 / 2783

\* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2010 Health Program Guide](#)

DENTAL	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
**DELTA Dental Premier (PPO)	\$51.87 / 351-007	\$92.08 / 351-007	\$134.00 / 351-007
DeltaCare USA (HMO)	\$17.35 / 351-009	\$28.47 / 351-009	\$39.38 / 351-009
Safeguard (HMO)	\$16.58 / 351-016	\$26.86 / 351-016	\$37.62 / 351-016

\*\* Only available after 2 years of State Service

VISION	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more Dependents)
Vision Service Plan (Mandatory)	\$9.19 / 475-001	\$9.19 / 475-001	\$9.19 / 475-001

STATE CONTRIBUTION FOR BU 12 & 13 (Subject to Dependent Vesting)	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
State Service: 0-12 Months 50% Dependent Vesting	\$371.00	\$555.00	\$665.00
State Service 12-24 Months 75% Dependent Vesting	\$371.00	\$648.00	\$812.00
State Service: 2 Years or more 100% Dependent Vesting	\$371.00	\$740.00	\$959.00

### Dependent Vesting Criteria

New employees, who have never previously had State health benefit eligibility, may be subject to dependent health vesting. Employees in bargaining units that have contracted for dependent vesting are provided with 50 percent of the employer dependent contribution for the first 12 months of service, and 75 percent of the employer dependent contribution for months 13 through 24. After 24 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

## MONTHLY COST EXAMPLES FOR BARGAINING UNIT 12 & 13:

Based on 100% Dependent Vesting

Benefit Plans	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Blue Shield	\$517.09	\$1,034.18	\$1,344.43
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$371.00)</i>	<i>(\$740.00)</i>	<i>(\$959.00)</i>
<i>Employee Monthly Total</i>	<i>\$207.15</i>	<i>\$395.45</i>	<i>\$528.62</i>
Kaiser	\$494.99	\$989.98	\$1286.97
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$371.00)</i>	<i>(\$740.00)</i>	<i>(\$959.00)</i>
<i>Employee Monthly Total</i>	<i>\$185.05</i>	<i>\$351.25</i>	<i>\$471.16</i>
PERS Choice	\$487.25	\$974.50	\$1266.85
DELTA Dental Premier	\$51.87	\$92.08	\$134.00
Vision Service Plan	\$9.19	\$9.19	\$9.19
<i>State Contribution</i>	<i>(\$371.00)</i>	<i>(\$740.00)</i>	<i>(\$959.00)</i>
<i>Employee Monthly Total</i>	<i>\$177.31</i>	<i>\$335.77</i>	<i>\$451.04</i>