

2011 BASIC MONTHLY BENEFIT RATES 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)	\$601.68 / 2051	\$1203.36 / 2052	\$1564.37 / 2053
*Blue Shield NetValue (HMO)	\$517.72 / 0421	\$1035.44 / 0422	\$1346.07 / 0423
*Kaiser (HMO)	\$522.58 / 0561	\$1045.16 / 0562	\$1358.71 / 0563
PERS Choice (PPO)	\$535.45 / 2221	\$1070.90 / 2222	\$1392.17 / 2223
PERS Select (PPO)	\$468.24 / 0451	\$936.48 / 0452	\$1217.42 / 0453
PERS Care (PPO)	\$849.60 / 2781	\$1699.20 / 2782	\$2208.96 / 2783

* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2011 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)	\$53.50 / 351-007	\$95.06 / 351-007	\$138.39 / 351-007
DELTA Dental PPO (PPO)	\$45.44 / 351-018	\$90.05 / 351-018	\$136.40 / 351-018
DeltaCare USA (HMO)	\$17.72 / 351-009	\$29.07 / 351-009	\$40.21 / 351-009
Premier Access (HMO)	\$16.63 / 351-020	\$26.94 / 351-020	\$37.73 / 351-020
Safeguard (HMO)	\$16.58 / 351-016	\$26.86 / 351-016	\$37.62 / 351-016
Western Dental (HMO)	\$14.72 / 351-025	\$24.29 / 351-025	\$34.46 / 351-025

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)	\$8.64 / 475-002	\$8.64 / 475-002	\$8.64 / 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	\$509.00	\$973.00	\$1268.00

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	\$601.68	\$1203.36	\$1564.37
DELTA Dental Premier	\$53.50	\$95.06	\$138.39
Vision Service Plan	\$8.64	\$8.64	\$8.64
<i>State Contribution</i>	-\$509.00	-\$973.00	-\$1268.00
<i>Employee Monthly Total</i>	\$154.82	\$334.06	\$443.40

BENEFIT WORKSHEET

Use this space to calculate and compare monthly benefit costs. Add Health, Dental, and Vision amounts then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add +		
Dental Amount:	Add +		
Vision Amount:	Add + \$8.64	\$8.64	\$8.64
State Contribution	Subtract -		
YOUR COST	Equals =		

2011 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNITS 1, 4 & 12

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)	\$601.68 / 2051	\$1203.36 / 2052	\$1564.37 / 2053
*Blue Shield NetValue (HMO)	\$517.72 / 0421	\$1035.44 / 0422	\$1346.07 / 0423
*Kaiser (HMO)	\$522.58 / 0561	\$1045.16 / 0562	\$1358.71 / 0563
PERS Choice (PPO)	\$535.45 / 2221	\$1070.90 / 2222	\$1392.17 / 2223
PERS Select (PPO)	\$468.24 / 0451	\$936.48 / 0452	\$1217.42 / 0453
PERS Care (PPO)	\$849.60 / 2781	\$1699.20 / 2782	\$2208.96 / 2783

* Only available in eligible counties - determined by zip code. Refer to CalPERS 2011 Health Program Guide

STATE HEALTH CONTRIBUTION FOR BU 1, 4 & 12 (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	\$433.00	\$649.00	\$781.00
State Service 13-24 Months 75% Dependent Vesting	\$433.00	\$758.00	\$955.00
State Service: 2 Years or more 100% Dependent Vesting	\$433.00	\$866.00	\$1129.00

DENTAL	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
**DELTA Dental Premier (PPO) Provider Code: 351-007	EE \$13.37 - State \$40.13	EE \$23.76 - State \$71.30	EE \$34.60 - State \$103.79
**DELTA Dental PPO (PPO) Provider Code: 351-018	EE \$11.36 - State \$34.08	EE \$22.51 - State \$67.54	EE \$34.10 - State \$102.30
DeltaCare USA (HMO) Provider Code: 351-009	EE \$0.00 - State \$17.72	EE \$0.00 - State \$29.07	EE \$0.00 - State \$40.21
Premier Access (HMO) Provider Code: 351-020	EE \$0.00 - State \$16.63	EE \$0.00 - State \$26.94	EE \$0.00 - State \$37.73
Safeguard (HMO) Provider Code: 351-016	EE \$0.00 - State \$16.58	EE \$0.00 - State \$26.86	EE \$0.00 - State \$37.62
Western Dental (HMO) Provider Code: 351-025	EE \$0.00 - State \$14.72	EE \$0.00 - State \$24.29	EE \$0.00 - State \$34.46

**The PPO programs are only available after 2 years of State Service. The State will continue to pay 100% of the Dental HMO premiums for Employees (EE) not in CoBen.

VISION	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Vision Service Plan (Mandatory) Provider Code: 475-001	EE \$0.00 - State \$8.64	EE \$0.00 - State \$8.64	EE \$0.00 - State \$8.64

The State is responsible for 100% payment of the monthly premium to VSP for Employees (EE) not in CoBen.

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 EXAMPLE FOR BARGAINING UNIT 1, 4 & 12

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 Net Value	\$517.72	\$1035.44	\$1346.07
State Health Contribution	-\$433.00	-\$866.00	-\$1129.00
Delta Dental Premier	\$13.37	\$23.76	\$34.60
Employee Monthly Total	\$98.09	\$193.20	\$251.67

BENEFIT WORKSHEET

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Health Amount:	Add +		
State Health Contribution	Subtract -		
"EE" Dental Amount:	Add +		
YOUR COST	Equals =		

2011 BASIC MONTHLY BENEFIT RATES

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)		\$601.68 / 2051	\$1203.36 / 2052	\$1564.37 / 2053
*Blue Shield NetValue (HMO)		\$517.72 / 0421	\$1035.44 / 0422	\$1346.07 / 0423
*Kaiser (HMO)		\$522.58 / 0561	\$1045.16 / 0562	\$1358.71 / 0563
PERS Choice (PPO)		\$535.45 / 2221	\$1070.90 / 2222	\$1392.17 / 2223
PERS Select (PPO)		\$468.24 / 0451	\$936.48 / 0452	\$1217.42 / 0453
PERS Care (PPO)		\$849.60 / 2781	\$1699.20 / 2782	\$2208.96 / 2783

* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2011 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)		\$53.50 / 351-007	\$95.06 / 351-007	\$138.39 / 351-007
**DELTA Dental PPO (PPO)		\$45.44 / 351-018	\$90.05 / 351-018	\$136.40 / 351-018
DeltaCare USA (HMO)		\$17.72 / 351-009	\$29.07 / 351-009	\$40.21 / 351-009
Premier Access (HMO)		\$16.63 / 351-020	\$26.94 / 351-020	\$37.73 / 351-020
Safeguard (HMO)		\$16.58 / 351-016	\$26.86 / 351-016	\$37.62 / 351-016
Western Dental (HMO)		\$14.72 / 351-025	\$24.29 / 351-025	\$34.46 / 351-025

** 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)		\$8.64 / 475-002	\$8.64 / 475-002	\$8.64 / 475-002

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 EXAMPLE 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 Net Value	\$517.72	\$1035.44	\$1346.07
Western Dental	\$14.72	\$24.29	\$34.46
Vision Service Plan	\$8.64	\$8.64	\$8.64
State Contribution	-\$416.00	-\$813.00	-\$1061.00
Employee Monthly Total	\$125.08	\$255.37	\$328.17

BENEFIT WORKSHEET

Use this space to calculate and compare monthly benefit costs. Add Health, Dental, and Vision amounts then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add +		
Dental Amount:	Add +		
Vision Amount:	Add +	\$8.64	\$8.64
State Contribution	Subtract -		
YOUR COST	Equals =		

2011 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNIT 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)	\$601.68 / 2051	\$1203.36 / 2052	\$1564.37 / 2053
*Blue Shield NetValue (HMO)	\$517.72 / 0421	\$1035.44 / 0422	\$1346.07 / 0423
*Kaiser (HMO)	\$522.58 / 0561	\$1045.16 / 0562	\$1358.71 / 0563
PERS Choice (PPO)	\$535.45 / 2221	\$1070.90 / 2222	\$1392.17 / 2223
PERS Select (PPO)	\$468.24 / 0451	\$936.48 / 0452	\$1217.42 / 0453
PERS Care (PPO)	\$849.60 / 2781	\$1699.20 / 2782	\$2208.96 / 2783

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STATE HEALTH CONTRIBUTION FOR BU 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 13-24 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

DENTAL	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
**DELTA Dental Premier (PPO) Provider Code: 351-007	EE \$13.37 - State \$40.13	EE \$23.76 - State \$71.30	EE \$34.60 - State \$103.79
**DELTA Dental PPO (PPO) Provider Code: 351-018	EE \$11.36 - State \$34.08	EE \$22.51 - State \$67.54	EE \$34.10 - State \$102.30
DeltaCare USA (HMO) Provider Code: 351-009	EE \$0.00 - State \$17.72	EE \$0.00 - State \$29.07	EE \$0.00 - State \$40.21
Premier Access (HMO) Provider Code: 351-020	EE \$0.00 - State \$16.63	EE \$0.00 - State \$26.94	EE \$0.00 - State \$37.73
Safeguard (HMO) Provider Code: 351-016	EE \$0.00 - State \$16.58	EE \$0.00 - State \$26.86	EE \$0.00 - State \$37.62
Western Dental (HMO) Provider Code: 351-025	EE \$0.00 - State \$14.72	EE \$0.00 - State \$24.29	EE \$0.00 - State \$34.46

**The PPO programs are only available after 2 years of State Service. The State will continue to pay 100% of the Dental HMO premiums for Employees (EE) not in CoBen.

VISION	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1 Dependent)	3 Party Enrollment (Employee + 2 or more Dependents)
Vision Service Plan (Mandatory) Provider Code: 475-001	EE \$0.00 - State \$8.64	EE \$0.00 - State \$8.64	EE \$0.00 - State \$8.64

The State is responsible for 100% payment of the monthly premium to VSP for Employees (EE) not in CoBen.

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 EXAMPLE FOR BARGAINING UNIT 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 Net Value	\$517.72	\$1035.44	\$1346.07
State Health Contribution	-\$371.00	-\$740.00	-\$959.00
Delta Dental Premier	\$13.37	\$23.76	\$34.60
Employee Monthly Total	\$160.09	\$319.20	\$421.67

BENEFIT WORKSHEET

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Health Amount:	Add +		
State Health Contribution	Subtract -		
"EE" Dental Amount:	Add +		
YOUR COST	Equals =		