

2012 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNIT 8

HEALTH PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield	HMO	\$622.90 / 2051	\$1245.80 / 2052	\$1619.54 / 2053
*Blue Shield NetValue	HMO	\$535.73 / 0421	\$1071.46 / 0422	\$1392.90 / 0423
*Kaiser	HMO	\$559.11 / 0561	\$1118.22 / 0562	\$1453.69 / 0563
PERS Choice	PPO	\$545.56 / 2221	\$1091.12 / 2222	\$1418.46 / 2223
PERS Select	PPO	\$463.12 / 0451	\$ 926.24 / 0452	\$1204.11 / 0453
PERS Care	PPO	\$977.98 / 2781	\$1955.96 / 2782	\$2542.75 / 2783

* Only available in eligible counties - determined by zip code. Refer to [CalPERS 2012 Health Program Guide](#)

DENTAL PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
DELTA Dental Premier	PPO	\$54.28 / 351-007	\$96.48 / 351-007	\$140.48 / 351-007
DELTA Dental PPO	PPO	\$46.09 / 351-018	\$91.39 / 351-018	\$138.46 / 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 PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Vision Service Plan <i>(Mandatory)</i>		\$8.64 / 475-002	\$8.64 / 475-002	\$8.64 / 475-002

STATE CONTRIBUTION FOR BU 8 <i>(Not subject to Dependent Vesting)</i>	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Bargaining Unit 8 CoBen	\$529.00	\$1014.00	\$1320.00

MONTHLY COST EXAMPLE FOR BARGAINING UNIT 8

BENEFIT PLANS	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield	\$622.90	\$1245.80	\$1619.54
DELTA Dental Premier	\$ 54.28	\$ 96.48	\$ 140.48
Vision Service Plan	\$ 8.64	\$ 8.64	\$ 8.64
State Contribution	-\$529.00	-\$1014.00	-\$1320.00
Employee Monthly Total	\$156.82	\$336.92	\$448.66

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 - \$529.00	- \$1014.00	- \$1320.00
YOUR COST	Equals =		

2012 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNITS 1, 4 & 12

Based on 100% Dependent Vesting

HEALTH PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield	HMO	\$622.90 / 2051	\$1245.80 / 2052	\$1619.54 / 2053
*Blue Shield NetValue	HMO	\$535.73 / 0421	\$1071.46 / 0422	\$1392.90 / 0423
*Kaiser	HMO	\$559.11 / 0561	\$1118.22 / 0562	\$1453.69 / 0563
PERS Choice	PPO	\$545.56 / 2221	\$1091.12 / 2222	\$1418.46 / 2223
PERS Select	PPO	\$463.12 / 0451	\$ 926.24 / 0452	\$1204.11 / 0453
PERS Care	PPO	\$977.98 / 2781	\$1955.96 / 2782	\$2542.75 / 2783

* Only available in eligible counties - determined by zip code. Refer to *CalPERS 2012 Health Program Guide*

STATE HEALTH CONTRIBUTION FOR BU 1, 4 & 12 (Subject to Dependent Vesting)	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
State Service: 0-12 Months 50% Dependent Vesting	\$452.00	\$678.00	\$815.00
State Service 13-24 Months 75% Dependent Vesting	\$452.00	\$792.00	\$996.00
State Service: 2 Years or more 100% Dependent Vesting	\$452.00	\$905.00	\$1177.00

DENTAL PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
**DELTA Dental Premier Provider Code: 351-007	PPO	EE \$13.57 – State \$40.71	EE \$24.12 – State \$72.36	EE \$35.12 – State \$105.36
** DELTA Dental PPO Provider Code: 351-018	PPO	EE \$11.52 – State \$34.57	EE \$22.85 – State \$68.54	EE \$34.61 – State \$103.85
DeltaCare USA Provider Code: 351-009	HMO	EE \$0.00 – State \$17.72	EE \$0.00 – State \$29.07	EE \$0.00 – State \$40.21
Premier Access Provider Code: 351-020	HMO	EE \$0.00 – State \$16.63	EE \$0.00 – State \$26.94	EE \$0.00 – State \$37.73
Safeguard Provider Code: 351-016	HMO	EE \$0.00 – State \$16.58	EE \$0.00 – State \$26.86	EE \$0.00 – State \$37.62
Western Dental Provider Code: 351-025	HMO	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 PLAN	1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
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 / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield Net Value	\$535.73	\$1071.46	\$1392.90
State Health Contribution	-\$452.00	-\$905.00	-\$1177.00
Delta Dental Premier	\$13.57	\$24.12	\$35.12
Employee Monthly Total	\$97.30	\$190.58	\$251.02

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	-\$452.00	-\$905.00	-\$1177.00
“EE” Dental Amount:	Add +			
YOUR COST	Equals =			

2012 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNIT 7

Based on 100% Dependent Vesting

HEALTH PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield	HMO	\$622.90 / 2051	\$1245.80 / 2052	\$1619.54 / 2053
*Blue Shield NetValue	HMO	\$535.73 / 0421	\$1071.46 / 0422	\$1392.90 / 0423
*Kaiser	HMO	\$559.11 / 0561	\$1118.22 / 0562	\$1453.69 / 0563
PERS Choice	PPO	\$545.56 / 2221	\$1091.12 / 2222	\$1418.46 / 2223
PERS Select	PPO	\$463.12 / 0451	\$ 926.24 / 0452	\$1204.11 / 0453
PERS Care	PPO	\$977.98 / 2781	\$1955.96 / 2782	\$2542.75 / 2783

* Only available in eligible counties - determined by zip code. Refer to CalPERS 2012 Health Program Guide

DENTAL PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
**DELTA Dental Premier	PPO	\$54.28 / 351-007	\$96.48 / 351-007	\$140.48 / 351-007
**DELTA Dental PPO	PPO	\$46.09 / 351-018	\$91.39 / 351-018	\$138.46 / 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 PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
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 / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
State Service: 0-12 Months 50% Dependent Vesting	\$501.00	\$759.00	\$929.00
State Service 12-24 Months 75% Dependent Vesting	\$501.00	\$873.00	\$1110.00
State Service: 2 Years or more 100% Dependent Vesting	\$501.00	\$986.00	\$1291.00

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 / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield Net Value	\$535.73	\$1071.46	\$1392.90
Western Dental	\$14.72	\$24.29	\$34.46
Vision Service Plan	\$8.64	\$8.64	\$8.64
State Contribution	-\$501.00	-\$986.00	-\$1291.00
Employee Monthly Total	\$58.09	\$118.39	\$145.00

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 -	-\$501.00	-\$1291.00
YOUR COST	Equals =		

2012 BASIC MONTHLY BENEFIT RATES

FOR BARGAINING UNIT 13

Based on 100% Dependent Vesting

HEALTH PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield	HMO	\$622.90 / 2051	\$1245.80 / 2052	\$1619.54 / 2053
*Blue Shield NetValue	HMO	\$535.73 / 0421	\$1071.46 / 0422	\$1392.90 / 0423
*Kaiser	HMO	\$559.11 / 0561	\$1118.22 / 0562	\$1453.69 / 0563
PERS Choice	PPO	\$545.56 / 2221	\$1091.12 / 2222	\$1418.46 / 2223
PERS Select	PPO	\$463.12 / 0451	\$ 926.24 / 0452	\$1204.11 / 0453
PERS Care	PPO	\$977.98 / 2781	\$1955.96 / 2782	\$2542.75 / 2783

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STATE HEALTH CONTRIBUTION FOR BU 13 (Subject to Dependent Vesting)		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
State Service: 0-12 Months 50% Dependent Vesting		\$452.00	\$678.00	\$815.00
State Service 13-24 Months 75% Dependent Vesting		\$452.00	\$792.00	\$996.00
State Service: 2 Years or more 100% Dependent Vesting		\$452.00	\$905.00	\$1177.00

DENTAL PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
**DELTA Dental Premier Provider Code: 351-007	PPO	EE \$13.57 – State \$40.71	EE \$24.12 – State \$72.36	EE \$35.12 – State \$105.36
* DELTA Dental PPO Provider Code: 351-018	PPO	EE \$11.52 – State \$34.57	EE \$22.85 – State \$68.54	EE \$34.61 – State \$103.85
DeltaCare USA Provider Code: 351-009	HMO	EE \$0.00 – State \$17.72	EE \$0.00 – State \$29.07	EE \$0.00 – State \$40.21
Premier Access Provider Code: 351-020	HMO	EE \$0.00 – State \$16.63	EE \$0.00 – State \$26.94	EE \$0.00 – State \$37.73
Safeguard Provider Code: 351-016	HMO	EE \$0.00 – State \$16.58	EE \$0.00 – State \$26.86	EE \$0.00 – State \$37.62
Western Dental Provider Code: 351-025	HMO	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 PLAN		1 Party Enrollment / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
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 / Plan Code (Employee Only)	2 Party Enrollment / Plan Code (Employee + 1 Dependent)	3 Party Enrollment / Plan Code (Employee + 2 or more)
Blue Shield Net Value	\$535.73	\$1071.46	\$1392.90
State Health Contribution	- \$452.00	- \$905.00	- \$1177.00
Delta Dental Premier	\$13.57	\$24.12	\$35.12
Employee Monthly Total	\$97.30	\$190.58	\$251.02

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 -	\$452.00	\$1177.00
"EE" Dental Amount:	Add +		
YOUR COST	Equals =		