

2021 CalPERS HEALTH RATES FOR FIRE UNIT 2 INCREASED ADDITIONAL CITY CONTRIBUTION

REGION 1:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, San Mateo, San Francisco, San Joaquin, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba

Anthem HMO Select	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5061	\$925.60	\$885.00	\$20.30
Double	5062	\$1,851.20	\$1,770.00	\$40.60
Family	5063	\$2,406.56	\$2,300.00	\$53.28
Anthem HMO Traditional	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5091	\$1,307.86	\$885.00	\$211.43
Double	5092	\$2,615.72	\$1,770.00	\$422.86
Family	5093	\$3,400.44	\$2,300.00	\$550.22
**Blue Shield Access+ HMO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5251	\$1,170.08	\$885.00	\$142.54
Double	5252	\$2,340.16	\$1,770.00	\$285.08
Family	5253	\$3,042.21	\$2,300.00	\$371.10
Blue Shield EPO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5241	\$1,170.08	\$885.00	\$142.54
Double	5242	\$2,340.16	\$1,770.00	\$285.08
Family	5243	\$3,042.21	\$2,300.00	\$371.10
**Blue Shield Trio HMO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	4511	\$880.50	\$885.00	\$0.00
Double	4512	\$1,761.00	\$1,770.00	\$0.00
Family	4513	\$2,289.30	\$2,300.00	\$0.00
HealthNet SmartCare HMO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5281	\$1,120.21	\$885.00	\$117.60
Double	5282	\$2,240.42	\$1,770.00	\$235.21
Family	5283	\$2,912.55	\$2,300.00	\$306.27
*Kaiser	PERS Plan Code	Premium	Allowance	Bi-Monthly Employee Portion
Single	5331	\$813.64	\$885.00	\$0.00
Double	5332	\$1,627.28	\$1,770.00	\$0.00
Family	5333	\$2,115.46	\$2,300.00	\$0.00
PERS Choice PPO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5481	\$935.84	\$885.00	\$25.42
Double	5482	\$1,871.68	\$1,770.00	\$50.84
Family	5483	\$2,433.18	\$2,300.00	\$66.58
PERS Select PPO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5571	\$566.67	\$885.00	\$0.00
Double	5572	\$1,133.34	\$1,770.00	\$0.00
Family	5573	\$1,473.34	\$2,300.00	\$0.00
PERS Care PPO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5661	\$1,294.69	\$885.00	\$204.84
Double	5662	\$2,589.38	\$1,770.00	\$409.69
Family	5663	\$3,366.19	\$2,300.00	\$533.09
PORAC	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5921	\$799.00	\$885.00	\$0.00
Double	5922	\$1,725.00	\$1,770.00	\$0.00
Family	5923	\$2,199.00	\$2,300.00	\$0.00
United Healthcare	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5761	\$941.17	\$885.00	\$28.08
Double	5762	\$1,882.34	\$1,770.00	\$56.17
Family	5763	\$2,447.04	\$2,300.00	\$73.52
Western Health Advantage HMO	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5911	\$757.02	\$885.00	\$0.00
Double	5912	\$1,514.04	\$1,770.00	\$0.00
Family	5913	\$1,968.25	\$2,300.00	\$0.00
Anthem EPO Del Norte	PERS Plan Code	Premium	City Allowance	Bi-Monthly Employee Portion
Single	5041	\$935.84	\$885.00	\$25.42
Double	5042	\$1,871.68	\$1,770.00	\$50.84
Family	5043	\$2,433.18	\$2,300.00	\$66.59

*City Allowance Based on Kaiser Rate per MOU effective 1/1/2021. Contact Benefits for eligibility.

If you live in a county that is not listed, please contact benefits@rcity.org for rate information OR visit the CalPERS website at www.calpers.ca.gov.

Plans are not guaranteed available in every county in each Region. Visit the CalPERS website at www.calpers.ca.gov to confirm the plan you want is available in your county.