

**CERTIFICATED CTA (BAY AREA)
2018 MONTHLY BENEFIT RATE CHART**

Kaiser	Agency Pays	Employee Pays	Total
Single	\$ 779.86	\$.00	\$ 779.86
2-Party	\$1,467.13	\$ 92.59	\$1,559.72
Family	\$1,895.70	\$ 131.94	\$2,027.64
Blue Shield Access +	Agency Pays	Employee Pays	Total
Single	\$ 746.02	\$ 143.00	\$ 889.02
2-Party	\$1,453.85	\$ 324.19	\$1,778.04
Family	\$1,878.52	\$ 432.93	\$2,311.45
Anthem HMO Select	Agency Pays	Employee Pays	Total
Single	\$ 842.21	\$ 14.20	\$ 856.41
2-Party	\$1,671.65	\$ 41.17	\$1,712.82
Family	\$2,173.13	\$ 53.54	\$2,226.67
Anthem HMO Traditional	Agency Pays	Employee Pays	Total
Single	\$ 818.38	\$ 107.09	\$ 925.47
2-Party	\$1,572.81	\$ 278.13	\$1,850.94
Family	\$2,033.07	\$ 373.15	\$2,406.22
United Health Care	Agency Pays	Employee Pays	Total
Single	\$1,033.33	\$ 338.51	\$1,371.84
2-Party	\$1,974.07	\$ 769.61	\$2,743.68
Family	\$2,554.71	\$1,012.07	\$3,566.78
Health Net SmartCare	Agency Pays	Employee Pays	Total
Single	\$ 729.98	\$ 133.50	\$ 863.48
2-Party	\$1,367.38	\$ 359.58	\$1,726.96
Family	\$1,766.01	\$ 479.04	\$2,245.05
Western Health Advantage	Agency Pays	Employee Pays	Total
Single	\$ 779.86	\$ 12.70	\$ 792.56
2-Party	\$1,467.13	\$ 117.99	\$1,585.12
Family	\$1,895.70	\$ 164.96	\$2,060.66
PERS Choice PPO	Agency Pays	Employee Pays	Total
Single	\$ 688.56	\$ 111.71	\$ 800.27
2-Party	\$1,338.93	\$ 261.61	\$1,600.54
Family	\$1,729.14	\$ 351.56	\$2,080.70
PERS Select PPO	Agency Pays	Employee Pays	Total
Single	\$ 717.50	\$.00	\$ 717.50
2-Party	\$1,375.21	\$ 59.79	\$1,435.00
Family	\$1,776.20	\$ 89.30	\$1,865.50
PERS Care PPO	Agency Pays	Employee Pays	Total
Single	\$ 739.65	\$ 142.80	\$ 882.45
2-Party	\$1,386.71	\$ 378.19	\$1,764.90
Family	\$1,791.15	\$ 503.22	\$2,294.37
Delta Dental	Agency Pays	Employee Pays	Total
Single	\$ 57.32	\$.00	\$ 57.32
2-Party	\$ 106.45	\$.00	\$ 106.45
Family	\$ 161.83	\$.00	\$ 161.83
Vision (VSP)	Agency Pays	Employee Pays	Total
Single	\$ 8.54	\$.00	\$ 8.54
2-Party	\$ 17.82	\$.00	\$ 17.82
Family	\$ 25.61	\$.00	\$ 25.61
Cash In Lieu of Medical:	\$ 160.00	Total Allotment*	
	\$ 94.14	w/single dental & vision	
	\$ 35.73	w/2-party dental & vision	
	\$.00	w/family dental & vision	

*All employees must enroll in at least single dental and vision