

**2021 MONTHLY HEALTH PREMIUMS**  
**EFFECTIVE DATE: 1/1/2021 - 12/31/2021**

PLAN	LEVEL OF PARTICIPATION	CalPERS PLAN CODE	PREMIUMS	TOWN BENEFITS	EMPLOYEE OUT-OF-POCKET COSTS		
					1ST PAYCHECK DEDUCTION	2ND PAYCHECK DEDUCTION	TOTAL MONTHLY DEDUCTION
<b>MEDICAL - Region 1</b>							
<b>HMO - Health Maintenance Organization</b>							
<b>KAISER</b>	EMPLOYEE ONLY	104 1	\$ 813.64	\$ 813.64	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT	104 2	\$ 1,627.28	\$ 1,545.92	\$ 40.68	\$ 40.68	\$ 81.36
	EMPLOYEE & 2+ DEPENDENTS	104 3	\$ 2,115.46	\$ 1,985.28	\$ 65.09	\$ 65.09	\$ 130.18
<b>ANTHEM HMO SELECT</b>	EMPLOYEE ONLY	454 1	\$ 925.60	\$ 813.64	\$ 55.98	\$ 55.98	\$ 111.96
	EMPLOYEE & 1 DEPENDENT	454 2	\$ 1,851.20	\$ 1,545.92	\$ 152.64	\$ 152.64	\$ 305.28
	EMPLOYEE & 2+ DEPENDENTS	454 3	\$ 2,406.56	\$ 1,985.28	\$ 210.64	\$ 210.64	\$ 421.28
<b>ANTHEM HMO TRADITIONAL</b>	EMPLOYEE ONLY	450 1	\$ 1,307.86	\$ 813.64	\$ 247.11	\$ 247.11	\$ 494.22
	EMPLOYEE & 1 DEPENDENT	450 2	\$ 2,615.72	\$ 1,545.92	\$ 534.90	\$ 534.90	\$ 1,069.80
	EMPLOYEE & 2+ DEPENDENTS	450 3	\$ 3,400.44	\$ 1,985.28	\$ 707.58	\$ 707.58	\$ 1,415.16
<b>BLUE SHIELD ACCESS+ (not available in Santa Clara County)</b>	EMPLOYEE ONLY	102 1	\$ 1,170.08	\$ 813.64	\$ 178.22	\$ 178.22	\$ 356.44
	EMPLOYEE & 1 DEPENDENT	102 2	\$ 2,340.16	\$ 1,545.92	\$ 397.12	\$ 397.12	\$ 794.24
	EMPLOYEE & 2+ DEPENDENTS	102 3	\$ 3,042.21	\$ 1,985.28	\$ 528.46	\$ 528.46	\$ 1,056.93
<b>HEALTHNET SMARTCARE</b>	EMPLOYEE ONLY	375 1	\$ 1,120.21	\$ 813.64	\$ 153.28	\$ 153.28	\$ 306.57
	EMPLOYEE & 1 DEPENDENT	375 2	\$ 2,240.42	\$ 1,545.92	\$ 347.25	\$ 347.25	\$ 694.50
	EMPLOYEE & 2+ DEPENDENTS	375 3	\$ 2,912.55	\$ 1,985.28	\$ 463.63	\$ 463.63	\$ 927.27
<b>PPO - Preferred Provider Organization</b>							
<b>PERSCare</b>	EMPLOYEE ONLY	122 1	\$ 1,294.69	\$ 813.64	\$ 240.52	\$ 240.52	\$ 481.05
	EMPLOYEE & 1 DEPENDENT	122 2	\$ 2,589.38	\$ 1,545.92	\$ 521.73	\$ 521.73	\$ 1,043.46
	EMPLOYEE & 2+ DEPENDENTS	122 3	\$ 3,366.19	\$ 1,985.28	\$ 690.45	\$ 690.45	\$ 1,380.91
<b>PERS CHOICE</b>	EMPLOYEE ONLY	106 1	\$ 935.84	\$ 813.64	\$ 61.10	\$ 61.10	\$ 122.20
	EMPLOYEE & 1 DEPENDENT	106 2	\$ 1,871.68	\$ 1,545.92	\$ 162.88	\$ 162.88	\$ 325.76
	EMPLOYEE & 2+ DEPENDENTS	106 3	\$ 2,433.18	\$ 1,985.28	\$ 223.95	\$ 223.95	\$ 447.90
<b>PERS SELECT</b>	EMPLOYEE ONLY	126 1	\$ 566.67	\$ 813.64	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT	126 2	\$ 1,133.34	\$ 1,545.92	\$ -	\$ -	\$ -
	EMPLOYEE & 2+ DEPENDENTS	126 3	\$ 1,473.34	\$ 1,985.28	\$ -	\$ -	\$ -
<b>PORAC</b>	EMPLOYEE ONLY	207 1	\$ 799.00	\$ 813.64	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT	207 2	\$ 1,725.00	\$ 1,545.92	\$ 89.54	\$ 89.54	\$ 179.08
	EMPLOYEE & 2+ DEPENDENTS	207 3	\$ 2,199.00	\$ 1,985.28	\$ 106.86	\$ 106.86	\$ 213.72
<b>DENTAL &amp; VISION</b>							
<b>DELTA PPO</b>	EMPLOYEE ONLY		\$ 139.80	\$ 124.80	\$ 15.00	\$ -	\$ 15.00
	EMPLOYEE & 1 DEPENDENT		\$ 139.80	\$ 124.80	\$ 15.00	\$ -	\$ 15.00
	EMPLOYEE & 2+ DEPENDENTS		\$ 139.80	\$ 124.80	\$ 15.00	\$ -	\$ 15.00
<b>DELTACARE USA (HMO)</b>	Up to Employee & 2+ dep.		\$ 44.66	\$ 44.66	\$ -	\$ -	\$ -
<b>VISION SERVICE PLAN (VSP)</b>	EMPLOYEE ONLY		\$ 10.64	\$ 10.64	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT		\$ 15.25	\$ 10.64	\$ 4.61	\$ -	\$ 4.61
	EMPLOYEE & 2+ DEPENDENTS		\$ 27.44	\$ 10.64	\$ 16.80	\$ -	\$ 16.80

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<b>2021 Town Contribution (Retirees Medical Insurance)</b>			
<b>Medicare Supplement</b>		<b>Non-Medicare</b>	
<b>Single</b>	<b>\$ 324.48</b>	<b>Single</b>	<b>\$ 813.64</b>
<b>2-party</b>	<b>\$ 616.52</b>	<b>2-party</b>	<b>\$ 1,545.92</b>
<b>3-Party</b>	<b>\$ 908.54</b>	<b>3-Party</b>	<b>\$ 1,847.16</b> *

\* Increase of \$100 from 2020 contribution rate to a maximum of the Town contribution for active employees

**Please note :** If your retirement date is prior to 2/1/16 and you are Medicare eligible, the Non-Medicare rates will apply as the Town Contribution.

Employees hired after 7/1/18 (exact date dependent on bargaining unit or employee group) receive a maximum contribution of \$143 per month paid to CalPERS towards the purchase of retiree medical insurance.

<b>2021 Supplement/Medicare Premiums (Region 1)</b>							
<b>Kaiser Senior Adv **</b>	Single	\$	324.48	<b>PERS Select Med Supp</b>	Single	\$	349.97
	2-Party	\$	648.96		2-Party	\$	699.94
	3-Party	\$	973.44		3-Party	\$	1,049.91
<b>Anthem Select Med Adv **</b>	Single	\$	383.37	<b>PORAC Region 1 Med Supp</b>	Single	\$	513.00
	2-Party	\$	766.74		2-Party	\$	1,022.00
	3-Party	\$	1,150.11		3-Party	\$	1,635.00
<b>Anthem Traditional Med Pref**</b>	Single	\$	383.37	<b>PERS Choice Med Supp</b>	Single	\$	349.79
	2-Party	\$	766.74		2-Party	\$	699.94
	3-Party	\$	1,150.11		3-Party	\$	1,049.91
<b>UnitedHealthCare Grp Med Adv **</b>	Single	\$	311.56	<b>PERSCare Med Supp</b>	Single	\$	381.25
	2-Party	\$	623.12		2-Party	\$	762.50
	3-Party	\$	934.68		3-Party	\$	1,143.75

\* The above rates are medical plans only.

\*\* Retiree Dental and/or Vision coverage available at an additional cost and will be billed directly from the carrier.