

Rates Effective 01/01/2021
Stockton Teachers Association

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Choice PPO	PERS Select PPO	PERS Care PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	HealthNet HMO	Medical Rebate
Medical Rate	\$ 2,286.62	\$ 1,720.71	\$ 2,286.62	\$ 1,479.40	\$ 1,590.05	\$ 1,828.86	\$ 1,107.41	\$ 2,530.14	\$ 1,808.85	\$ 2,555.88	\$ 1,828.86	\$ 1,839.27	\$ 2,189.17	N/A
Chiro	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	N/A
Vision	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	\$ 9.50	9.50
Delta Dental	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	115.00
Total Monthly Premium	\$ 2,416.12	\$ 1,850.21	\$ 2,416.12	\$ 1,608.90	\$ 1,719.55	\$ 1,958.36	\$ 1,236.91	\$ 2,659.64	\$ 1,938.35	\$ 2,685.38	\$ 1,958.36	\$ 1,968.77	\$ 2,318.67	\$ 124.50
Total District Contributions **	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,608.90	\$ 1,719.55	\$ 1,719.55	\$ 1,236.91	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 1,719.55	\$ 124.50
Monthly Buy-up														
12 month rate	\$ 696.57	\$ 130.66	\$ 696.57	\$ -	\$ -	\$ 238.81	\$ -	\$ 940.09	\$ 218.80	\$ 965.83	\$ 238.81	\$ 249.23	\$ 599.12	\$ -
11 month rate	\$ 759.90	\$ 142.54	\$ 759.90	\$ -	\$ -	\$ 260.52	\$ -	\$ 1,025.55	\$ 238.69	\$ 1,053.63	\$ 260.52	\$ 271.88	\$ 653.58	\$ -

Medical Rebate for employees hired on or before 06/30/2015 ***	
12 month rate	\$ 666.00
11 month rate	\$ 726.55

Medical Rebate for employees hired on or after 7/01/2015 ****	
12 month rate	\$ 283.00
11 month rate	\$ 308.73

** Effective 01/01/2019 - Negotiated rate.

*** Effective 07/01/2020 40% of the Health Allowance pursuant to 4.1

**** Effective 07/01/2015 fixed cap rate of \$283.00 per month.

** Note: Commencing with the 2020 health plan year, the District's health benefit contribution shall be annually adjusted toward the cost of CalPERS Kaiser HMO Plan (including medical, dental, vision, chiro) as a coverage target, whether by increasing or decreasing by no more than \$100 a month (\$1,200 annually) as compared to the previous year's health benefit contribution amount.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-855-839-4524	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Health Net	1-800-522-0088	website-www.healthnet.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
Medical Eye Vision	1-800-877-6372	website-www.mesvision.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com