




All Units (Except Unit R06)

Monthly **Employee** Share of Premium Cost


Health Plans Available in Butte County 	HMO Plan		Preferred Provider Organization (PPO) Plans					
	Blue Shield Access+ CA (800) 334-5847 www.blueshieldca.com/calpers		PERS-CARE (877) 737-7776 www.anthem.com/ca/calpers		PERS-SELECT CA (877) 737-7776 www.anthem.com/ca/calpers		PERS-CHOICE (877) 737-7776 www.anthem.com/ca/calpers	
	Prior Year	2021	Prior Year	2021	Prior Year	2021	Prior Year	2021
Coverage Level								
Employee Only	\$ 143.16	\$ 140.96	\$ 222.88	\$ 313.87	\$ 0	\$ 0	\$ 20.00	\$ 51.23
Employee + 1	\$ 359.32	\$ 358.92	\$ 518.76	\$ 704.74	\$ 0	\$ 0	\$ 113.00	\$ 179.46
Employee + 2 or more	\$ 498.42	\$ 504.30	\$ 705.69	\$ 953.86	\$ 0	\$ 0	\$ 178.20	\$ 271.00

Monthly **Employer** Share of Premium Cost for **ALL PLANS**

	Prior Year	2021
Employee Only	\$ 767.00	\$ 798.00
Employee + 1	\$ 1,461.00	\$ 1,519.00
Employee + 2 or more	\$ 1,868.00	\$ 1,937.00

Unit R06 Only¹

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	Prior Year	2021	Prior Year	2021	Prior Year	2021	Prior Year	2021
Coverage Level								
Employee Only	\$ 138.16	\$ 135.96	\$ 217.88	\$ 308.87	\$ 0	\$ 0	\$ 15.00	\$ 46.23
Employee + 1	\$ 349.32	\$ 348.92	\$ 508.76	\$ 694.74	\$ 0	\$ 0	\$ 103.00	\$ 169.46
Employee + 2 or more	\$ 478.42	\$ 484.30	\$ 685.69	\$ 933.86	\$ 0	\$ 0	\$ 158.20	\$ 251.00

Monthly **Employer** Share of Premium Cost for **ALL PLANS**

	Prior Year	2021
Employee Only	\$ 772.00	\$ 803.00
Employee + 1	\$ 1,471.00	\$ 1,529.00
Employee + 2 or more	\$ 1,888.00	\$ 1,957.00

¹ For Unit 6 employees, per the Collective Bargaining Agreement (CBA), the employer pays a slightly higher percentage and employee costs are slightly less. Please refer to the CBA for Unit 6 for more information.



RATE CHANGES

The California Public Employees' Retirement System (CalPERS) Board of Administration sets health plan premium rates every year. Multiple factors influence rates. The rate development process is dynamic and subject to changes in population demographics and health status, provider contracts, drug patents, federal regulations and the market, etc. and as such is different from year to year.

Carefully review the monthly employee cost and Maximum Out-of-Pocket limits to make an informed decision.

PLAN CHANGES

Voluntary Plan Changes for 2021

Vision Service Plan (VSP) Premier Plan Rate Reduction

Employees are able to continue to enjoy this great enhanced coverage while also enjoying lower premiums with the new rate reduction. New monthly rates will be:

	<u>Basic Plan</u>	<u>Premier Plan</u>
Employee Only	\$0	\$ 4.11
Employee + 1	\$0	\$15.32
Employee + Family	\$0	\$28.99

For more information, please visit csuactives.vspforme.com or call (800) 400-4569.

Health Care Reimbursement Account (HCRA)

ASIFlex Card – New for 2021! All health care FSA participants will receive a set of two ASIFlex Cards which can be used to pay for qualifying expenses. You will have a number of ways to submit claims including the mobile app, online or toll-free fax and do not have to use the card exclusively. Visit <https://asiflex.com/DebitCards.aspx> to learn how the card works and how to use it.

The new maximum contribution for HCRA accounts will be \$2,750/year. Monthly minimum will be \$20 and maximum will be \$229.17.

If you have a specific question about a plan’s coverage, benefits, or participating providers, please contact the plan directly.