

**ROSS VALLEY SCHOOL DISTRICT**  
**Health & Welfare Benefit Comparison 2020-2021**

Medical Effective 1-1-21 ~ Dental Effective 10-1-20	Monthly Amounts				
	Employee Only	Employee + One	Employee + Two	% CHG	
<b>DENTAL (Mandatory)</b> Delta Dental (Rates effective thru September 30, 2021)	67.92	135.86	197.01	0.00%	
<b>MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 12/31/21)</b> (Mandatory ~ Waiver allowed)					
<b>HMOs</b>					
Anthem Blue Cross HMO Traditional (CA CARE) Large Care	509	1,307.86	2,615.72	3,400.44	10.38%
Kaiser HMO	533	813.64	1,627.28	2,115.46	5.88%
Health Net SmartCare HMO	528	1,120.21	2,240.42	2,912.55	11.96%
Western Health Advantage	591	757.02	1,514.04	1,968.25	3.42%
<b>PPOs</b>					
PERS-Choice (Blue Cross PPO)	548	935.84	1,871.68	2,433.18	8.67%
PERS-Select (Blue Cross PPO - smaller network of providers)	557	566.67	1,133.34	1,473.34	8.91%
PERS-Care (Blue Cross PPO)	566	1,294.69	2,589.38	3,366.19	14.26%
<b>INCOME PROTECTION PLAN (Mandatory)</b>					
The Standard Group Disability	Sliding Scale	*See backside for rate scale			
Total Monthly with Kaiser & Delta Dental	881.56				

Medical Effective 1-1-20 ~ Dental Effective 10-1-19	Monthly Amounts				
	Employee Only	Employee + One	Employee + Two	% CHG	
<b>DENTAL (Mandatory)</b> Delta Dental (Rates effective thru September 30, 2020)	67.92	135.86	197.01	8.00%	
<b>MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 12/31/20)</b> (Mandatory ~ Waiver allowed)					
<b>HMOs</b>					
Anthem Blue Cross HMO Traditional (CA CARE) Large Care		1,184.84	2,369.68	3,080.58	6.63%
Kaiser HMO		768.49	1,536.98	1,998.07	0.03%
Health Net SmartCare HMO		1,000.52	2,001.04	2,601.35	10.98%
Western Health Advantage		731.96	1,463.92	1,903.10	-4.57%
<b>PPOs</b>					
PERS-Choice (Blue Cross PPO)		861.18	1,722.36	2,239.07	-0.59%
PERS-Select (Blue Cross PPO - smaller network of providers)		520.29	1,040.58	1,352.75	-4.22%
PERS-Care (Blue Cross PPO)		1,133.14	2,266.28	2,946.16	0.13%
<b>INCOME PROTECTION PLAN (Mandatory)</b>					
The Standard Maximum Premium	Sliding Scale	*See backside for rate scale			
Total Monthly with Kaiser & Delta Dental	836.41				

**PLEASE NOTE:**  
**Open Enrollment Dates for Medical: 9/21/20-10/16/20    There is No Open Enrollment for Dental Coverage**  
- Effective 1/1/20 District H&W Cap for Classified Employees: \$836.41/mo or \$10,036.92/yr plus Income Protection  
- Effective 1/1/20 District H&W Cap for Certificated Employees: \$836.41/mo or \$10,036.92/yr plus Income Protection  
- For all employees hired after 1/1/2001 - the Cap is prorated by FTE

- For more information:**
- Anthem Blue Cross HMO Traditional - [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers) or (855) 839-4524
  - Kaiser Permanente - [www.kp.org/calpers](http://www.kp.org/calpers) or (800) 464-4000
  - Health Net SmartCare - [www.healthnet.com/calpers](http://www.healthnet.com/calpers) or (888) 926-4921
  - PERS Select, Choice, Care (Anthem Blue Cross) - [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers) or (877) 737-7776
  - Western Health Advantage - [www.westernhealth.com/calpers](http://www.westernhealth.com/calpers) or (888) 942-7377
  - CalPERS information & publications - [www.my.calpers.ca.gov](http://www.my.calpers.ca.gov) or (888) 225-7377
  - Health Benefits Summary - <https://www.calpers.ca.gov/docs/forms-publications/2021-health-benefit-summary.pdf>