

**Full time NCFT Employer/Employee Paid Benefits for 2020 (Will need to be Pro-rated for less than full time)**

Plan	Premium	Employer	Employee
<b>Kaiser HMO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	768.49	400.00	368.49
Single + 1 NEW ENROLLMENT	1,536.98	700.00	836.98
Family NEW ENROLLMENT	1,998.07	920.00	1,078.07
<b>Anthem Blue Cross Select HMO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	868.98	400.00	468.98
Single + 1 NEW ENROLLMENT	1,737.96	700.00	1,037.96
Family NEW ENROLLMENT	2,259.35	920.00	1,339.35
<b>Anthem Blue Cross Traditional HMO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	1,184.84	400.00	784.84
Single + 1 NEW ENROLLMENT	2,369.68	700.00	1,669.68
Family NEW ENROLLMENT	3,080.58	920.00	2,160.58
<b>Blue Shield Access+ HMO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	1,127.77	400.00	727.77
Single + 1 NEW ENROLLMENT	2,255.54	700.00	1,555.54
Family NEW ENROLLMENT	2,932.20	920.00	2,012.20
<b>Blue Shield Trio</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	833.00	400.00	433.00
Single + 1 NEW ENROLLMENT	1,666.00	700.00	966.00
Family NEW ENROLLMENT	2,165.80	920.00	1,245.80
<b>HealthNet SmartCare HMO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	1,000.52	400.00	600.52
Single + 1 NEW ENROLLMENT	2,001.04	700.00	1,301.04
Family NEW ENROLLMENT	2,601.35	920.00	1,681.35
<b>United Healthcare Alliance HMO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	899.94	400.00	499.94
Single + 1 NEW ENROLLMENT	1,799.88	700.00	1,099.88
Family NEW ENROLLMENT	2,339.84	920.00	1,419.84
<b>Western Health Advantage</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	731.96	400.00	331.96
Single + 1 NEW ENROLLMENT	1,463.92	700.00	763.92
Family NEW ENROLLMENT	1,903.10	920.00	983.10
<b>PERS Choice PPO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	861.18	400.00	461.18
Single + 1 NEW ENROLLMENT	1,722.36	700.00	1,022.36
Family NEW ENROLLMENT	2,239.07	920.00	1,319.07
<b>PERS Select PPO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	520.29	400.00	120.29
Single + 1 NEW ENROLLMENT	1,040.58	700.00	340.58
Family NEW ENROLLMENT	1,352.75	920.00	432.75
<b>PERSCare PPO</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Single	1,133.14	400.00	733.14
Single + 1 NEW ENROLLMENT	2,266.28	700.00	1,566.28
Family NEW ENROLLMENT	2,946.16	920.00	2,026.16
<b>Vision</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Vision	11.26	11.26	0.00
<b>Dental</b>	<b>12/1/2019</b>	<b>Cost</b>	<b>Cost</b>
Dental	110.63	101.99	8.64
<b>Cash In Lieu</b>		<b>Employer</b>	
Hire before 1-1-06		325.00	
Hired 1-1-06 and on		200.00	

For additional information about medical benefits, [Please Click Here](#)  
 Vision has a negotiated employer contribution capped at \$13.09 per month.  
 PERS Select is not accepted at Sutter Facilities or Sutter Providers  
 Not all plans are available in your county of residence. Please check the [www.calpers.ca.gov](http://www.calpers.ca.gov) website for availability in your area.