



COBRA PLANS AND RATES Effective:

January 1, 2017 – December 31, 2017

Health

Plan Name/Code	Address	2017 Monthly Rates	
HMO			
Anthem HMO Select Plan Code # 181	PO BOX 629 Woodland Hills, CA 91365-0629 (855) 839-4524	Employee Only	\$ 755.03
		Employee + 1	\$ 1,510.07
		Employee + 2	\$ 1,963.09
Anthem HMO Traditional Plan Code # 180	PO BOX 629 Woodland Hills, CA 91365-0629 (855) 839-4524	Employee Only	\$ 890.37
		Employee + 1	\$ 1,780.74
		Employee + 2	\$ 2,314.96
Blue Shield Access+ Plan Code # 141	PO BOX 2760 Lodi, CA 95241-2760 (800) 334-5847	Employee Only	\$ 847.05
		Employee + 1	\$ 1,694.10
		Employee + 2	\$ 2,202.32
Health Net SmartCare Plan Code # 185	PO BOX 894702 Los Angeles, CA 90189-4702 (888) 926-4921	Employee Only	\$ 706.75
		Employee + 1	\$ 1,413.50
		Employee + 2	\$ 1,837.54
Kaiser Plan Code # 056	PO BOX 60707 Los Angeles, CA 90060-0707 (800) 464-4000	Employee Only	\$ 676.18
		Employee + 1	\$ 1,352.36
		Employee + 2	\$ 1,758.06
United Health Care Plan Code # 187	PO BOX 713075 Cincinnati, OH 45271-3075 (877) 359-3714	Employee Only	\$ 699.89
		Employee + 1	\$ 1,399.79
		Employee + 2	\$ 1,819.72
PPO			
PERS Care Plan Code # 278	PO BOX 629 Woodland Hills, CA 91365 (800) 237-3345	Employee Only	\$ 842.90
		Employee + 1	\$ 1,685.79
		Employee + 2	\$ 2,191.53
Check payable to Anthem Blue Cross			
PERS Choice Plan Code # 222	PO BOX 629 Woodland Hills, CA 91365 (800) 237-3345	Employee Only	\$ 755.70
		Employee + 1	\$ 1,511.40
		Employee + 2	\$ 1,964.82
Check payable to Anthem Blue Cross			
PERS Select Plan Code # 045	PO BOX 629 Woodland Hills, CA 91365 (800) 237-3345	Employee Only	\$ 686.72
		Employee + 1	\$ 1,373.43
		Employee + 2	\$ 1,785.46
Check payable to Anthem Blue Cross			

Dental

Plan Name/Code	Address	2017 Monthly Rates	
HMO			
Delta Care USA Group # 02034	PMI DeltaCare 12898 Towne Center Dr. Cerritos, CA 90703 (800) 422-4234	Basic	
		Employee Only	\$ 20.24
		Employee + 1	\$ 33.37
		Employee + 2	\$ 49.36
		Enhanced	
		Employee Only	\$ 26.89
		Employee + 1	\$ 44.37
		Employee + 2	\$ 65.63

PPO		
Delta Dental Group # 4918	Wolfpack Insurance Services PO BOX 833 Belmont, CA 94002 (800) 296-0192	Basic
		Employee Only \$ 33.47
		Employee + 1 \$ 63.22
		Employee + 2 \$ 126.94
		Enhanced Level I
		Employee Only \$ 40.71
Employee + 1 \$ 77.03		
Employee + 2 \$ 158.80		
		Enhanced Level II
		Employee Only \$ 50.40
		Employee + 1 \$ 95.09
		Employee + 2 \$ 185.78

Vision

Plan Name/Code	Address	2017 Monthly Rates
Vision Service Provider (VSP) Group #30059426	VSP/ COBRA Administrator PO BOX 997100 Sacramento, CA 95899-7100 (800) 852-7600 ext 4637	\$ 8.03