**EXPLANATION OF BENEFITS**

**DSA/SOMMA**

Effective payperiod starting January 2020 payroll

**Delta Dental Basic**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single</th>
<th>Two</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>16.15</td>
<td>31.89</td>
<td>50.77</td>
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</tbody>
</table>

**Delta Dental Upgrade**

<table>
<thead>
<tr>
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<th>Family</th>
</tr>
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<tbody>
<tr>
<td>$</td>
<td>7.89</td>
<td>23.40</td>
<td>24.88</td>
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**VSP Basic Vision**

<table>
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<th>Two</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>7.97</td>
<td>7.97</td>
<td>7.97</td>
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**VSP Vision Upgrade**

<table>
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<th>Two</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>2.54</td>
<td>2.54</td>
<td>2.54</td>
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</tbody>
</table>

*Note: If you wish to add upgrade to your dental and/or vision plan, you will combine the basic and upgrade costs together*

**Porac Plan Costs/Allowance**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Allowance</th>
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</thead>
<tbody>
<tr>
<td>Single</td>
<td>$358.15</td>
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<tr>
<td>Two</td>
<td>$727.85</td>
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<tr>
<td>Family</td>
<td>$936.00</td>
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Cal PERS 2020 Bi-Weekly Premiums for Contracting Agencies Region 1

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + 2</th>
<th>Plan Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem HMO Select</td>
<td>$401.07</td>
<td>$802.14</td>
<td>$1,042.78</td>
<td>5061</td>
</tr>
<tr>
<td>Anthem HMO Traditional</td>
<td>$546.85</td>
<td>$1,093.70</td>
<td>$1,042.78</td>
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<tr>
<td>Blue Shield Access +</td>
<td>$500.51</td>
<td>$1,041.02</td>
<td>$1,042.78</td>
<td>5251</td>
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<tr>
<td>Kaiser</td>
<td>$230.90</td>
<td>$461.80</td>
<td>$692.78</td>
<td>5331</td>
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<tr>
<td>PERS Choice</td>
<td>$397.47</td>
<td>$794.94</td>
<td>$1,033.42</td>
<td>5481</td>
</tr>
<tr>
<td>PERS Select</td>
<td>$240.13</td>
<td>$480.27</td>
<td>$624.35</td>
<td>5571</td>
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<tr>
<td>PERS Care</td>
<td>$522.99</td>
<td>$1,045.98</td>
<td>$1,358.38</td>
<td>5661</td>
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</table>

**All Other Plan Costs/Allowance**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Allowance</th>
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</thead>
<tbody>
<tr>
<td>Single</td>
<td>$365.54</td>
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<tr>
<td>Two</td>
<td>$772.62</td>
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<tr>
<td>Family</td>
<td>$1,030.15</td>
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</tbody>
</table>

Cal PERS 2020 Bi-Weekly Premiums for Contracting Agencies Region 1

**Declining Coverage**

$156.92

Allowance includes CalPERS Contribution