

Insurance Plans by County and Premium

*Please note that Kaiser Permanent currently has a limit of Healthy Families Program subscribers they can enroll in Kern, Los Angeles, Orange, Riverside, San Bernadino, San Diego, and Ventura counties. For updated information on the status of these plans for enrolling new subscribers, please call **1-800-880-5305**, or check the Healthy Families Web site at **www.healthyfamilies.ca.gov***

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1001	Alameda Alliance for Health	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2003	SafeGuard Dental	3001		Vision Service Plan (VSP)					
2008	Western Dental								

ALAMEDA

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
		3001		Vision Service Plan (VSP)					

ALPINE

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 95640, 95669	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
		3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2004	Premier Access	3001		Vision Service Plan (VSP)					
2008	Western Dental ** 95926-28, 95938, 95943, 95951, 95954, 95963, 95967, 95969, 95973								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision						
		3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1031	Health Net Life EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision ** 95912, 95932, 95950, 95970, 95987						
		3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1009	Contra Costa Health Plan	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2002	Delta Dental	3003	SafeGuard Vision						
2003	SafeGuard Dental	3001	Vision Service Plan (VSP)						
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision						
		3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO ** 95614, 95634-35, 95664, 95762	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ** 95613-14, 95619, 95623, 95633-36, 95651, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762, 96150-52, 96154-55, 96158	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 95613-14, 95619, 95623, 95633-35, 95651, 95664, 95667, 95672, 95682, 95762	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision ** 95613-14, 95619, 95623, 95629, 95633-36, 95651, 95656, 95664, 95667, 95672, 95682, 95709, 95720-21, 95726, 95735, 95762, 96150-52, 96154-58						
		3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1010	Health Net HMO ** 93210, 93234, 93242, 93602, 93605-09, 93611-13, 93616, 93619, 93621-22, 93624-28, 93630-31, 93634, 93640-42, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93664, 93667-68, 93675, 93701-12, 93714-18, 93720-30, 93740-41, 93744-45, 93747, 93750, 93755, 93760-62, 93764-65, 93771-80, 93784, 93786, 93790-94	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 93242, 93602, 93606-07, 93609, 93611-13, 93616, 93619, 93624-27, 93630-31, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93667-68, 93675, 93701-12, 93714-18, 93720-30, 93740-41, 93744-45, 93747, 93750, 93755, 93760-61, 93764-65, 93771-80, 93784, 93786, 93790-94, 93844, 93888	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2010	Health Net Dental	3003	SafeGuard Vision (except 93210)						
2002	Delta Dental	3001	Vision Service Plan (VSP)						
2003	Safeguard Dental ** 93234, 93602, 93606, 93609, 93611-13, 93616, 93619, 93622, 93625, 93630, 93640, 93648, 93650-52, 93654, 93657, 93662, 93668, 93701-12, 93714-18, 93720-22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93760-62, 93764-65, 93771-80, 93784, 93786, 93790-94, 93844, 93888								
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care (except 95988)					
2004	Premier Access	3003		SafeGuard Vision (except 95939)					
		3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision ** 95501-03, 95518-19, 95521, 95524-25, 95528, 95534, 95536-37, 95540, 95547, 95549-51, 95562, 95564-65, 95570					
		3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2010	Health Net Dental	3003	SafeGuard Vision **						
2004	Premier Access		92227, 92231-33, 92243-44, 92249-51, 92259, 92273-74						
2008	Western Dental	3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care **						
			92384, 93513, 93526, 93545						
2004	Premier Access	3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1015	Kern Family Health Care ** 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93527, 93531, 93554, 93560-61, 93581, 93596	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ** 93203, 93205-06, 93215-17, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93531, 93560-61, 93581, 93596	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93250-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93518-19, 93531, 93560-61, 93581	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2010	Health Net Dental	3001	Vision Service Plan (VSP)						
2002	Delta Dental	3003	SafeGuard Vision ** 93203, 93206, 93215-16, 93220, 93222, 93224-25, 93241, 93250-51, 93263, 93268, 93276, 93280, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93516, 93518, 93523-24, 93531, 93560-61, 93581, 93596						
2003	SafeGuard Dental ** 93203, 93206, 93215-16, 93220, 93241, 93250-51, 93263, 93268, 93276, 93280, 93301-09, 93311-14, 93380-90, 93501-02, 93518, 93531, 93560-61, 93581								
2008	Western Dental								

KERN

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 93230, 93232	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision (except 93204, 93239)					
2008	Western Dental	3001		Vision Service Plan (VSP)					

* See page 12 of this handbook to determine if you pay premiums in Category A, B or C.
 ** Available in listed ZIP codes only.

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision ** 95422-24, 95426, 95435, 95443, 95451, 95453, 95457-58, 95461, 95464, 95467						
		3001	Vision Service Plan (VSP)						

LAKE

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care ** 96056, 96109, 96113, 96117, 96119, 96121, 96123, 96128, 96130, 96132, 96136						
2004	Premier Access	3001	Vision Service Plan (VSP)						

LASSEN

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1008	Community Health Plan	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO ❖	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO ❖	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1028	Care 1st Health Plan ❖	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ❖	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ❖	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1016	LA Care Health Plan	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1017	Molina Healthcare ❖	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2010	Health Net Dental ❖	3003	SafeGuard Vision ❖						
2003	Safeguard Dental ❖	3001	Vision Service Plan (VSP)						
2008	Western Dental ❖								

❖ Not available on Catalina Island.

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 93601, 93604, 93614, 93636-39, 93643-45, 93653, 93669	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
2008	Western Dental	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
2008	Western Dental ** 94903-04, 94930, 94945-47, 94949-50, 94960, 94963, 94973	3001		Vision Service Plan (VSP)					

MARIN

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision (except 95311, 95318, 95338, 95343, 95345)					
		3001		Vision Service Plan (VSP)					

MARIPOSA

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		Safeguard Vision ** 95449, 95494					
		3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1011	Health Plan of San Joaquin	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2008	Western Dental	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	Health Plans Available	Number of Children: 1 2 or more	Number of Children: 1 2 3 or more	Number of Children: 1 2 3 or more
Community Provider Health Plan				
1002	Blue Cross EPO	\$4 \$8	\$6 \$12 \$18	\$12 \$24 \$36
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2002	Delta Dental	3002	EyeMed Vision Care ** 96006, 96015, 96054, 96101, 96104, 96108, 96112, 96115-16	
2004	Premier Access	3001	Vision Service Plan (VSP)	

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	Health Plans Available	Number of Children: 1 2 or more	Number of Children: 1 2 3 or more	Number of Children: 1 2 3 or more
Community Provider Health Plan				
1002	Blue Cross EPO	\$4 \$8	\$6 \$12 \$18	\$12 \$24 \$36
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2002	Delta Dental	3002	EyeMed Vision Care ** 93512, 93514, 93517, 93529, 93541, 93546, 96107, 96133	
2004	Premier Access	3001	Vision Service Plan (VSP)	

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1022	Central Coast Alliance for Health	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2002	Delta Dental	3003	SafeGuard Vision ** 93451, 93901-02, 93905-08, 93912, 93915, 93921-26, 93933, 93940, 93942-44, 93950, 93953, 93955, 93962, 95004, 95012, 95039						
2004	Premier Access	3001	Vision Service Plan (VSP)						
2008	Western Dental ** 93901-02, 93905-08, 93912, 93915, 93921-23, 93925, 93933, 93940, 93942-43, 93950, 93953, 93955, 95004, 95012, 95039								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1010	Health Net HMO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 94503, 94508, 94515, 94558-59, 94562, 94567, 94573-74, 94576, 94581, 94599	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision						
		3001	Vision Service Plan (VSP)						

NAPA

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO ** 95712, 95924, 95945-46, 95949, 95959-60, 95975, 95977, 95986	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ** 95712, 95728, 95924, 95945-46, 95949, 95959-60, 95975	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision (except 95728, 96111, 96160-62)						
		3001	Vision Service Plan (VSP)						

NEVADA

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1006	Cal Optima Kids	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2010	Health Net Dental	3003		SafeGuard Vision					
2003	SafeGuard Dental	3001		Vision Service Plan (VSP)					
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO ** 95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95713, 95722, 95736, 95746-47, 95765	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ** 95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95701, 95703, 95713-14, 95717, 95722, 95736, 95746-47, 95765	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 95602-04, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95722, 95736, 95746-47, 95765	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision (except 95724, 96140, 96145-46, 96148)					
		3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care ** 95934, 95947, 95971, 95981, 95983-84, 96020, 96103, 96105-06, 96114, 96122, 96137					
2004	Premier Access	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1013	Inland Empire Health Plan ** 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92274, 92276, 92282, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO ** 91752, 92201-03, 92210-11, 92220, 92223, 92225-26, 92230, 92234-36, 92239-41, 92253-55, 92258, 92260-64, 92270, 92274, 92276, 92282, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1007	Community Health Group ** 92530-31, 92536, 92539, 92543-46, 92548, 92562-64, 92570-72, 92584-87, 92589-93, 92595-96, 92599, 92877-83	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ** 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92239, 92247-48, 92253, 92255, 92258, 92260-64, 92270, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92543-46, 92548, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92860, 92877-83	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247-48, 92253, 92255, 92258, 92260-64, 92270, 92276, 92282, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1017	Molina Healthcare ** 91718-20, 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247-48, 92253-55, 92258, 92260-64, 92270, 92274, 92276, 92282, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45

(continued on next page)

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2001	Access Dental	3002	EyeMed Vision Care	
2002	Delta Dental	3003	SafeGuard Vision (except 92225-26, 92239)	
		3001	Vision Service Plan (VSP)	
2010	Health Net Dental ** 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-35, 92239-41, 92247-48, 92253-55, 92260-64, 92270, 92276, 92282, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83			
2003	SafeGuard Dental ** 91752, 92201-03, 92210-11, 92220, 92223, 92225-26, 92230, 92234-36, 92241, 92247-48, 92253-55, 92258, 92260-61, 92270, 92275-76, 92282, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548-49, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83			
2008	Western Dental			

RIVERSIDE
(CONTINUED)

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1003	Blue Cross HMO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1017	Molina Healthcare	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2010	Health Net Dental	3001		Vision Service Plan (VSP)					
2003	SafeGuard Dental								
2008	Western Dental ** 95608, 95610, 95615, 95621, 95624, 95626, 95628, 95630, 95632, 95638, 95652, 95655, 95660, 95662, 95670, 95673, 95683, 95693, 95742, 95758, 95814-36, 95838, 95841-43, 95864								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision ** 95023-24, 95045, 95075					
2008	Western Dental ** 95004, 95023, 95045	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1013	Inland Empire Health Plan ** 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277-78, 92284-86, 92301, 92304-05, 92307-18, 92321-22, 92324-27, 92329, 92333-42, 92345-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-95, 92397-99, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO ** 90661, 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92252, 92256, 92267-68, 92277-78, 92284-86, 92301, 92304-05, 92307-18, 92321-27, 92329, 92332-42, 92345-47, 92350, 92352, 92354, 92356-59, 92364-66, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427, 93558, 93562, 93592	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO ** 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92268, 92286, 92301, 92305, 92307-08, 92311-13, 92316, 92318, 92324, 92327, 92329, 92332, 92334-42, 92345-47, 92350, 92354, 92356-59, 92365, 92368-69, 92371-77, 92382, 92392-95, 92397-99, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92333-37, 92339-41, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-15, 92418, 92423-24, 92427	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1017	Molina Healthcare ** 91701, 91708-11, 91729-30, 91737, 91739, 91743, 91750, 91758-59, 91761-64, 91766-68, 91784-86, 91798, 92301, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92333-37, 92340-41, 92344-46, 92350, 92352, 92354, 92356-59, 92368-69, 92371-78, 92382, 92385-86, 92391-95, 92399, 92401-08, 92410-15, 92418, 92423-24, 92427	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45

(continued on next page)

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2001	Access Dental	3002	EyeMed Vision Care	
2002	Delta Dental	3003	SafeGuard Vision ** 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92284-86, 92301, 92305, 92307-08, 92310-18, 92321-22, 92324-27, 92329, 92333-37, 92339-42, 92345-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-95, 92397-99, 92401-08, 92410-15, 92418, 92423-24, 92427, 92709	
		3001	Vision Service Plan (VSP)	
2010	Health Net Dental ** 91701, 91708-10, 91729-30, 91737, 91739, 91758, 91761-64, 91784-86, 91798, 92301, 92307-08, 92311-13, 92316, 92324-25, 92327, 92329, 92334-37, 92340, 92342, 92345-47, 92350, 92354, 92356-57, 92359, 92365, 92368, 92371-77, 92382, 92392-95, 92397-99, 92401-08, 92410-15, 92418, 92423-24, 92427			
2003	SafeGuard Dental ** 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91784-86, 91798, 92301, 92305, 92307-08, 92311-14, 92316-18, 92321-22, 92324-27, 92329, 92334-37, 92339-41, 92342, 92345-47, 92350, 92352, 92354, 92357-59, 92365, 92368-69, 92371-78, 92382, 92385, 92391-95, 92397-99, 92401-08, 92410-15, 92418, 92423-24, 92427, 92709			
2008	Western Dental			

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1007	Community Health Group	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1028	Care 1st Health Plan	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 91901-03, 91908-17, 91921, 91931-33, 91935, 91941-47, 91950-51, 91962-63, 91976-80, 91987, 91990, 92007-11, 92013-14, 92018-27, 92029-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-58, 92064-65, 92067-69, 92071-72, 92074-75, 92078-79, 92081-85, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-99	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1017	Molina Healthcare	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2002	Delta Dental	3003	SafeGuard Vision						
2010	Health Net Dental	3001	Vision Service Plan (VSP)						
2003	SafeGuard Dental ** 91901-03, 91908-17, 91921, 91931-33, 91935, 91941-47, 91950-51, 91976-79, 92003, 92007-09, 92013-14, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-59, 92064-65, 92067-72, 92074-75, 92078-79, 92081-85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-99								
2008	Western Dental ** 91901-03, 91906, 91908-17, 91921, 91932-33, 91935, 91941-47, 91950-51, 91963, 91976-80, 91987, 92003, 92007-09, 92013-14, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-72, 92074-75, 92078-79, 92082-85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-99								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1019	San Francisco Health Plan	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2003	SafeGuard Dental	3001		Vision Service Plan (VSP)					
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1011	Health Plan of San Joaquin	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2010	Health Net Dental	3001		Vision Service Plan (VSP)					
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1020	Santa Barbara Regional Health Authority	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
2008	Western Dental ** 93401-03, 93405-10, 93412, 93420-22, 93424, 93430, 93433, 93442-43, 93445, 93448-49, 93453, 93483	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children: 1 2 or more		Number of Children: 1 2 3 or more			Number of Children: 1 2 3 or more		
Community Provider Health Plan									
1012	Health Plan of San Mateo	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2003	SafeGuard Dental	3001		Vision Service Plan (VSP)					
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1020	Santa Barbara Regional Health Authority	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2004	Premier Access	3002	EyeMed Vision Care						
		3003	SafeGuard Vision						
		3001	Vision Service Plan (VSP)						
2003	SafeGuard Dental ** 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93429, 93434, 93440, 93454-58								
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1021	Santa Clara Family Health Plan	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 94022-24, 94035, 94039-43, 94085-89, 94301-06, 94309, 95002, 95008-09, 95011, 95013-15, 95020-21, 95026, 95030-33, 95035-38, 95042, 95044, 95046, 95050-56, 95070-71, 95101-03, 95106, 95108-42, 95148, 95150-61, 95164, 95170-73, 95190-94, 95196	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2002	Delta Dental	3003	SafeGuard Vision						
		3001	Vision Service Plan (VSP)						
2003	SafeGuard Dental ** 94022-24, 94035, 94039-43, 94085-90, 94301-10, 95002, 95008-09, 95011, 95013-15, 95026, 95030-32, 95035-38, 95042, 95044, 95046, 95050-56, 95070-71, 95101-03, 95106, 95108-42, 95148, 95150-61, 95164, 95170-73, 95190-94, 95196								
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1022	Central Coast Alliance for Health	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
2008	Western Dental	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision **					
2004	Premier Access			96001-03, 96007-08, 96019, 96033, 96047, 96049, 96059, 96062, 96069-70, 96073, 96079, 96084, 96087, 96089, 96095-96, 96099					
2008	Western Dental	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	Health Plans Available	Number of Children: 1 2 or more	Number of Children: 1 2 3 or more	Number of Children: 1 2 3 or more
Community Provider Health Plan				
1002	Blue Cross EPO	\$4 \$8	\$6 \$12 \$18	\$12 \$24 \$36
Other Health Plans				
1031	Health Net Life EPO	\$7 \$14	\$9 \$18 \$27	\$15 \$30 \$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2002	Delta Dental	3002	EyeMed Vision Care (except 96126)	
2004	Premier Access	3001	Vision Service Plan (VSP)	

SIERRA

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	Health Plans Available	Number of Children: 1 2 or more	Number of Children: 1 2 3 or more	Number of Children: 1 2 3 or more
Community Provider Health Plan				
1002	Blue Cross EPO	\$4 \$8	\$6 \$12 \$18	\$12 \$24 \$36
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2002	Delta Dental	3002	EyeMed Vision Care ** 95568, 96014, 96023, 96025, 96027, 96031-32, 96034, 96038-39, 96050, 96057-58, 96064, 96067, 96094, 96097, 96134	
2004	Premier Access	3001	Vision Service Plan (VSP)	

SISKIYOU

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2008	Western Dental	3001		Vision Service Plan (VSP)					

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 94922-23, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95401-09, 95416, 95419, 95421, 95425, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2002	Delta Dental	3002	EyeMed Vision Care						
2004	Premier Access	3003	SafeGuard Vision						
2008	Western Dental ** 94926-28, 94931, 94951-52, 94954, 95401-07, 95409, 95436, 95439, 95442, 95444, 95446, 95448, 95452, 95471-73, 95476, 95492	3001	Vision Service Plan (VSP)						

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1011	Health Plan of San Joaquin	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1003	Blue Cross HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2010	Health Net Dental	3001		Vision Service Plan (VSP)					
2008	Western Dental								

STANISLAUS

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2004	Premier Access	3001		Vision Service Plan (VSP)					
2008	Western Dental								

SUTTER

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1031	Health Net Life EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision ** 96021-22, 96029, 96035, 96055, 96074-75, 96078, 96080, 96090, 96092					
		3001		Vision Service Plan (VSP)					

TEHAMA

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care (except 96041, 96091)					
2004	Premier Access	3003		SafeGuard Vision ** 96010, 96024, 96041, 96048, 96052, 96076, 96093					
		3001		Vision Service Plan (VSP)					

TRINITY

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1010	Health Net HMO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2010	Health Net Dental	3003		SafeGuard Vision					
2004	Premier Access	3001		Vision Service Plan (VSP)					
2008	Western Dental								

TULARE

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision ** 95305, 95309-10, 95321, 95327, 95329, 95335, 95346-47, 95370, 95372-73, 95375, 95379, 95383					
		3001		Vision Service Plan (VSP)					

TUOLUMNE

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1027	Ventura County Health Care Plan	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente** 93001-07, 93009, 93022, 93030-36, 93041-44, 93060-61	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available						
2001	Access Dental	3002	EyeMed Vision Care						
2002	Delta Dental	3003	SafeGuard Vision						
2010	Health Net Dental	3001	Vision Service Plan (VSP)						
2003	SafeGuard Dental								
2008	Western Dental								

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1002	Blue Cross EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1014	Kaiser Permanente ** 95605, 95607, 95612, 95616-18, 95645, 95691,	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
	95694-95, 95697-98, 95776, 95798-99								
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2002	Delta Dental	3002		EyeMed Vision Care					
2004	Premier Access	3003		SafeGuard Vision					
		3001		Vision Service Plan (VSP)					

YOLO

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1031	Health Net Life EPO	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1030	Blue Shield EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2001	Access Dental	3002		EyeMed Vision Care					
2002	Delta Dental	3003		SafeGuard Vision					
2004	Premier Access	3001		Vision Service Plan (VSP)					

YUBA

Are you now or have you been a seasonal or migrant worker employed in agriculture, fishing or forestry within the past twenty-four (24) months? Or are you an American Indian? If you answered “YES” to any of these questions, we have an additional health, dental, and vision plan combination available to you. The combination consists of:

Health Plan	Dental Plan	Vision Plan
Blue Cross EPO	Delta Dental	Vision Service Plan (VSP)

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
If you live in one of the following counties, this is your monthly rate: Your plan code is C999		\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Alpine El Dorado Kings Mariposa Placer Sierra Tehama		Amador Glenn Lake Mendocino Plumas Siskiyou Trinity	Butte Humboldt Lassen Modoc San Benito Solano Tuolumne	Calaveras Imperial Madera Mono San Luis Obispo Sonoma Yolo	Del Norte Inyo Marin Nevada Shasta Sutter				
If you do not live in one of the above counties, this is your monthly rate: Your plan code is D999		\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45

SPECIAL POPULATION PLAN