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Please note that Kaiser Permanente and/or Delta Dental currently have a limit of Healthy Families Program subscribers they can enroll in these 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 website at* **www.healthyfamilies.ca.gov**.

ALAMEDA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1001	Alameda Alliance for Health	$4	$8	$6	$12	$18
	Other Health Plans					
1003	Blue Cross HMO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental		

ALPINE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

AMADOR

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1031	Health Net Life EPO	$7	$14	$9	$18	$27
1014	Kaiser Permanente ** 95640, 95669	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

BUTTE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

CALAVERAS

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

COLUSA

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

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

CONTRA COSTA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1009	Contra Costa Health Plan	$4	$8	$6	$12	$18
	Other Health Plans					
1003	Blue Cross HMO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental		

DEL NORTE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

EL DORADO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO ** 95614, 95634-35, 95664, 95675, 95762	$7	$14	$9	$18	$27
1010	Health Net HMO ** 95613-14, 95619, 95623, 95633-36, 95643, 95651, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95727, 95762	$7	$14	$9	$18	$27
1014	Kaiser Permanente ** 95613-14, 95619, 95623, 95633-36, 95643, 95651, 95664, 95667, 95672, 95682, 95684, 95709, 95726-27, 95762	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

FRESNO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1003	Blue Cross HMO	$4	$8	$6	$12	$18
	Other Health Plans					
1010	Health Net HMO **	$7	$14	$9	$18	$27
	93210, 93234, 93242, 93602, 93605-09, 93611-13, 93616, 93621-22, 93624-31, 93634, 93640-42, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93664, 93667-68, 93675, 93700-799					
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	93242, 93602, 93606-07, 93609, 93611-13, 93616, 93624-27, 93630-31, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93667-68, 93675, 93701-12, 93714-18, 93720-22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93759-62, 93764-65, 93771-80, 93784, 93786, 93790-94, 93844, 93888					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

GLENN

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

HUMBOLDT

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

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

IMPERIAL

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

INYO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

KERN

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1015	Kern Family Health Care **	$4	$8	$6	$12	$18
	93203, 93205-06, 93215-17, 93220, 93222, 93224-28, 93238, 93240-41, 93243, 93249-52, 93255, 93260-61, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-13, 93380-89, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93527, 93531, 93554, 93560-61, 93581-82, 93584, 93586, 93596, 93599					
	Other Health Plans					
1003	Blue Cross HMO	$7	$14	$9	$18	$27
1010	Health Net HMO **	$7	$14	$9	$18	$27
	93203, 93205-06, 93215-17, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287-88, 93300-91, 93399, 93501-05, 93516, 93518-19, 93523-24, 93531, 93560-61, 93581-82, 93596					
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93230-32, 93238, 93240-41, 93243, 93250-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-13, 93380-90, 93501-02, 93504-05, 93518-19, 93531, 93560-61, 93581					
1026	Universal Care **	$7	$14	$9	$18	$27
	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, 93311-13, 93380-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93527-28, 93531, 93554-56, 93560-61, 93581, 93596					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental **		
	93215-17, 93220, 93241, 93250, 93276, 93280, 93301-09, 93311-13, 93380-89, 93399, 93501-02, 93518, 93531, 93560-61, 93570, 93581-82		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

KINGS

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente ** 93230, 93232	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

LAKE

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

LASSEN

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

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

LOS ANGELES

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1008	Community Health Plan	$4	$8	$6	$12	$18
	Other Health Plans					
1003	Blue Cross HMO ❖	$7	$14	$9	$18	$27
1004	Blue Shield HMO ❖	$7	$14	$9	$18	$27
1028	Care 1st Health Plan ❖	$7	$14	$9	$18	$27
1010	Health Net HMO ❖	$7	$14	$9	$18	$27
1014	Kaiser Permanente ❖	$7	$14	$9	$18	$27
1017	Molina ❖	$7	$14	$9	$18	$27
1024	UHP Healthcare **	$7	$14	$9	$18	$27
	90001-84, 90086-87, 90091, 90093-94, 90096-97, 90099, 90101, 90201-03, 90209-13, 90220-24, 90230-33, 90240-42, 90245, 90247-50, 90254-55, 90260-62, 90266, 90270, 90272, 90274-75, 90277-78, 90280-81, 90291-93, 90301-10, 90401-11, 90501-11, 90601-10, 90612, 90637-40, 90650-52, 90659, 90660-62, 90665, 90670, 90673, 90680, 90701-03, 90706-07, 90710, 90717, 90723, 90731-34, 90740-49, 90755, 90801-15, 90822, 90831-35, 90840-42, 90844-48, 90853, 91001-03, 91006-07, 91009-12, 91016-17, 91020-21, 91023-25, 91030-31, 91050-51, 91066, 91077, 91108-10, 91114-18, 91121, 91123-26, 91129, 91131, 91175, 91182, 91184-89, 91191, 91201-10, 91214, 91303-07, 91311, 91316, 91324-31, 91333-35, 91337, 91340-46, 91352-53, 91355-57, 91364-67, 91371-72, 91376, 91385-86, 91388, 91392-96, 91399, 91400-13, 91416, 91423, 91426, 91436, 91470, 91492, 91495-97, 91499, 91500-08, 91510, 91521-23, 91601-12, 91614-18, 91701-07, 91711-16, 91719, 91722-24, 91731-35, 91740, 91744-49, 91754, 91765, 91770-72, 91775-76, 91778, 91780, 91788-93, 91795, 91797, 91800-04, 91841, 91895, 91899					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2003	Health Net Dental		
2005	Universal Care Dental Plan ❖		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only** ❖ **Not available on Catalina Island**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

MADERA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente ** 93601, 93604, 93614, 93637-39, 93643-45, 93653, 93669	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

MARIN

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

MARIPOSA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

MENDOCINO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

MERCED

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1010	Health Net HMO	$7	$14	$9	$18	$27
Plan Code	**Dental Plans Available**	**Plan Code**		**Vision Plan Available**		
2001	Access Dental	3001		Vision Service Plan (VSP)		
2002	Delta Dental					

MODOC

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

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

MONO

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

MONTEREY

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1022	Central Coast Alliance for Health	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
Plan Code	**Dental Plans Available**	**Plan Code**	**Vision Plan Available**			
2002	Delta Dental	3001	Vision Service Plan (VSP)			
2004	Premier Access					

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

NAPA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1010	Health Net HMO	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1014	Kaiser Permanente ** 94503, 94508, 94515, 94558-59, 94562, 94573-74, 94576, 94581, 94599	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

NEVADA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO ** 95712, 95924, 95945-46, 95949, 95959-60, 95975, 95977, 95986	$7	$14	$9	$18	$27
1010	Health Net HMO ** 95712, 95728, 95924, 95945-46, 95949, 95959-60, 95975, 95977, 96111, 96160-61	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

ORANGE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1006	Cal Optima	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27
1024	UHP Healthcare **	$7	$14	$9	$18	$27
	90620-24, 90630-32, 90637-39, 90680, 90720, 90740, 90742-43, 92601, 92621-22, 92626, 92631-35, 92640-49, 92655, 92670, 92683-84, 92686-87, 92701-08, 92728, 92800-08, 92812, 92814-17, 92825, 92850					
1026	Universal Care	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available
2001	Access Dental
2003	Health Net Dental
2005	Universal Care Dental

Plan Code	Vision Plan Available
3001	Vision Service Plan (VSP)

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

PLACER

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO **	$7	$14	$9	$18	$27
	95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95713, 95722, 95736, 95746-47, 95765					
1010	Health Net HMO **	$7	$14	$9	$18	$27
	95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95701, 95703-04, 95713-14, 95717, 95722, 95736, 95746-47, 95765					
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	95602-04, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95722, 95736, 95746-47, 95765					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

PLUMAS

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

RIVERSIDE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1013	Inland Empire Health Plan **	$4	$8	$6	$12	$18
	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					
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO **	$7	$14	$9	$18	$27
	91752, 92201-03, 92210-11, 92220, 92223, 92225-26, 92230, 92234-36, 92239-41, 92253-55, 92258, 92260-64, 92270, 92272, 92274-76, 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					
1007	Community Health Group **	$7	$14	$9	$18	$27
	91718-20, 92530-31, 92536, 92539, 92543-46, 92548, 92562-64, 92570-72, 92584-87, 92589-93, 92595-96, 92599, 92877-83					
1010	Health Net HMO **	$7	$14	$9	$18	$27
	91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92274-76, 92282, 92302-03, 92306, 92313, 92320, 92330-31, 92343-44, 92348-49, 92353, 92355, 92360-62, 92367, 92370, 92380-81, 92383, 92387-88, 92390, 92395-96, 92500-23, 92530-32, 92536, 92539, 92543-46, 92548-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92860, 92877-83					
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	91752, 92220, 92223, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92595-96, 92599, 92860, 92877-83					

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***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

RIVERSIDE (CONTINUED)

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Other Health Plans *(continued)*					
1017	Molina **	$7	$14	$9	$18	$27
	91752, 91760, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253, 92255, 92258, 92260-64, 92270, 92276, 92282, 92320, 92373, 92501-09, 92513-19, 92530-32, 92539, 92543-46, 92548-49, 92552-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92877-83					
1026	Universal Care **	$7	$14	$9	$18	$27
	91719-20, 92201-03, 92210-11, 92220, 92222-23, 92225-26, 92230, 92234-36, 92239-41, 92249-50, 92253-55, 92258-64, 92266-67, 92270, 92273-76, 92292, 92320, 92501-09, 92513-19, 92530-32, 92536, 92539, 92543-45, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92596					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2003	Health Net Dental **		
	91752, 92201-03, 92210-11, 92220, 92223, 92225-26, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92274-76, 92282, 92302-03, 92306, 92313, 92320, 92330-31, 92343-44, 92348-49, 92353, 92355, 92360-62, 92367, 92370, 92380-81, 92383, 92387-88, 92390, 92395-96, 92500-23, 92530-32, 92536, 92539, 92543-46, 92548-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92860, 92877-82		
2005	Universal Care Dental **		
	92201, 92203, 92210-11, 92220, 92223, 92230, 92234, 92240-41, 92253, 92260, 92262, 92264, 92270, 92276, 92282, 92301, 92313, 92501-09, 92513-17, 92530, 92532, 92536, 92539, 92543-45, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92582-87, 92589-93, 92595-96		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SACRAMENTO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1003	Blue Cross HMO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27
1017	Molina	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental		

SAN BENITO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SAN BERNARDINO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1013	Inland Empire Health Plan **	$4	$8	$6	$12	$18
	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, 92324-26, 92327, 92329, 92333-42, 92345-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427					
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO **	$7	$14	$9	$18	$27
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 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, 92350-52, 92354, 92356-59, 92363-66, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427, 92556, 93523, 93558, 93562, 93592					
1010	Health Net HMO **	$7	$14	$9	$18	$27
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277-78, 92284-86, 92301, 92305, 92307-12, 92316-18, 92321-22, 92324-27, 92329, 92333-37, 92339-42, 92345-47, 92350, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385, 92391-94, 92397-99, 92400-27					
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91784-86, 91798-99, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92333-37, 92339-41, 92345-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-94, 92397, 92399, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427					

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***See page 37 of this handbook to determine if you pay premiums in Category A or B.**
****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SAN BERNARDINO (CONTINUED)

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Other Health Plans *(continued)*					
1017	Molina **	$7	$14	$9	$18	$27
	91701, 91708-11, 91729-30, 91737, 91739, 91743, 91750, 91752, 91759, 91761-69, 91773, 91784-86, 92301, 92307-08, 92316, 92318, 92320, 92324-25, 92334-37, 92340, 92345-46, 92354, 92359, 92369, 92373-77, 92392-94, 92399, 92401-13, 92423, 92427					
1024	UHP Healthcare **	$7	$14	$9	$18	$27
	91739, 92316, 92318, 92324, 92334-36, 92345-46, 92354, 92369, 92376, 92427					
1026	Universal Care **	$7	$14	$9	$18	$27
	91701, 91708-11, 91729-30, 91737, 91739, 91743, 91759, 91761-64, 91784-86, 92252, 92256, 92268, 92277-78, 92280-86, 92301, 92304-05, 92307-18, 92321-27, 92329, 92332-33, 92335-39, 92341-42, 92345-47, 92352, 92354, 92356, 92358-59, 92363-66, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92401-27, 93510, 93544, 93553, 93555-56					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2003	Health Net Dental **		
	91701, 91708-10, 91729, 91737, 91739, 91743, 91758-59, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277-78, 92284-86, 92301, 92305, 92307-12, 92314-18, 92321-22, 92324-27, 92329, 92333-37, 92339-42, 92345-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92400-27, 92761		
2005	Universal Care Dental **		
	91701, 91708-11, 91729-30, 91737, 91739, 91752, 91761, 91763-64, 91784, 91786, 92307, 92311, 92316, 92320, 92324, 92327, 92335, 92342, 92345-47, 92354, 92356, 92359, 92365, 92368, 92371-73, 92376, 92392, 92397-99, 92401, 92404, 92407, 92518, 93510, 93543-44, 93553		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SAN DIEGO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1007	Community Health Group	$4	$8	$6	$12	$18
	Other Health Plans					
1003	Blue Cross HMO	$7	$14	$9	$18	$27
1030	Blue Shield EPO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	91901-03, 91908-17, 91921, 91931-33, 91935, 91941-47, 91950-51, 91962-63, 91976-80, 91987, 91990, 92007-09, 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, 92082-85, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-99					
1023	Sharp Health Plan	$7	$14	$9	$18	$27
1026	Universal Care	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental **		
	91901-03, 91908-15, 91917, 91932-33, 91935, 91941-47, 91950-51, 91963, 91976-80, 92003, 92007-09, 92014, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-60, 92064, 92067-69, 92071-72, 92074-75, 92079, 92082-85, 92088, 92090, 92092-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-87, 92189-99, 92672		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SAN FRANCISCO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1019	San Francisco Health Plan	$4	$8	$6	$12	$18
	Other Health Plans					
1003	Blue Cross HMO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SAN JOAQUIN

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1011	Health Plan of San Joaquin	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		

SAN LUIS OBISPO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SAN MATEO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 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
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1030	Blue Shield EPO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SANTA BARBARA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1020	Santa Barbara Regional Health Authority	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2003	Health Net Dental ** 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93429, 93434, 93440, 93454-57		
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SANTA CLARA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1021	Santa Clara Family Health Plan	$4	$8	$6	$12	$18
	Other Health Plans					
1003	Blue Cross HMO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	94022-24, 94035, 94039-43, 94085-90, 94301-02, 94304-06, 94309-10, 95002, 95008-09, 95011, 95013-15, 95021, 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					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental **		
	94022-24, 94035, 94039-44, 94086-91, 94301-310, 95002, 95008-09, 95011, 95013-16, 95021, 95026, 95030-32, 95035-38, 95042, 95046, 95050-56, 95070-71, 95101-03, 95106, 95108-42, 95148, 95150-61, 95164, 95170, 95172-73, 95190-94, 95196		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SANTA CRUZ

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1022	Central Coast Alliance for Health	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27

Plan Code	**Dental Plans Available**	**Plan Code**	**Vision Plan Available**
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

SHASTA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27

Plan Code	**Dental Plans Available**	**Plan Code**	**Vision Plan Available**
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SIERRA

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

SISKIYOU

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

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SOLANO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SONOMA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	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					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

STANISLAUS

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1003	Blue Cross HMO	$4	$8	$6	$12	$18
	Other Health Plans					
1010	Health Net HMO	$7	$14	$9	$18	$27

Plan Code	**Dental Plans Available**	**Plan Code**	**Vision Plan Available**
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		

SUTTER

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	**Dental Plans Available**	**Plan Code**	**Vision Plan Available**
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

TEHAMA

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

TRINITY

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

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

TULARE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

TUOLUMNE

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 1	2	3 or more
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

VENTURA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1027	Ventura County Health Care Plan	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1010	Health Net HMO	$7	$14	$9	$18	$27
1026	Universal Care	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2001	Access Dental	3001	Vision Service Plan (VSP)
2002	Delta Dental		
2003	Health Net Dental		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

YOLO

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1010	Health Net HMO	$4	$8	$6	$12	$18
	Other Health Plans					
1002	Blue Cross EPO	$7	$14	$9	$18	$27
1004	Blue Shield HMO	$7	$14	$9	$18	$27
1014	Kaiser Permanente **	$7	$14	$9	$18	$27
	95605, 95607, 95612, 95616-18, 95645, 95691, 95694-95, 95697-98, 95776, 95798-99					

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

YUBA

INSURANCE PREMIUM *		Category A		Category B		
Plan Code	**Health Plans Available**	**Number of Children: 1**	**2 or more**	**Number of Children: 1**	**2**	**3 or more**
	Community Provider Health Plan					
1002	Blue Cross EPO	$4	$8	$6	$12	$18
	Other Health Plans					
1030	Blue Shield EPO	$7	$14	$9	$18	$27
1031	Health Net Life EPO	$7	$14	$9	$18	$27

Plan Code	Dental Plans Available	Plan Code	Vision Plan Available
2002	Delta Dental	3001	Vision Service Plan (VSP)
2004	Premier Access		

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

****Available in listed ZIP codes only**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.

SPECIAL POPULATION PLAN

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		
Plan Code	Health Plans Available	Number of Children: 1	2 or more	Number of Children: 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
Alpine, Del Norte, Inyo, Marin, Mono, San Luis Obispo, Sonoma, Tuolumne, Amador, El Dorado, Kings, Mariposa, Nevada, Shasta, Sutter, Yuba, Butte, Glenn, Lake, Mendocino, Placer, Sierra, Tehama, Calaveras, Humboldt, Lassen, Merced, Plumas, Siskiyou, Trinity, Colusa, Imperial, Madera, Modoc, San Benito, Solano, Tulare						
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

Remember: If you are selecting the statewide plan combination, be sure to check off box 61 on your Healthy Families mail-in application. Also, remember to sign the application.

***See page 37 of this handbook to determine if you pay premiums in Category A or B.**

NOTE: Blue Shield-EPO, Blue Shield-HMO, CalOptima Kids and Kern Family Health Care offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the Plan Code.