

1 **APPENDIX VII**

2 Medical and dental rates for: 2021-2022

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Coverage	Kaiser 6 HMO Monthly Rates (12)	Kaiser 12 HMO Monthly Rates (12)	Blue Shield Trio HMO Monthly Rates (12) w/VSP	Blue Shield Access HMO Monthly Rates (12) w/VSP	Blue Shield PPO Monthly Rates (12) w/VSP	Blue Shield PPO Monthly Rates (12) Tandem w/VSP	Delta PPO Monthly Rates (12)	DeltaCare USA (HMO) Rates (12)
Single	\$826.33	\$755.38	\$540.07	\$611.25	\$1,064.34	\$1,004.45	\$62.22	\$26.37
Two-party	\$1,637.20	\$1,495.31	\$945.45	\$1,071.70	\$1,915.13	\$1,809.19	\$105.77	\$46.63
Family	\$2,310.23	\$2,109.46	\$1,431.96	\$1,624.29	\$2,936.45	\$2,761.25	\$161.76	\$50.69
Composite	\$1,722.55	\$1,573.18	\$1,121.53	\$1,271.70	\$2,288.01	\$2,288.01	\$122.92	\$33.79

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