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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 Web site at **www.healthyfamilies.ca.gov***

ALAMEDA

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								
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		

ALPINE

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
2004	Premier Access	3003	SafeGuard Vision
		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.

AMADOR

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
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)

BUTTE

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
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		

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

**Available in listed ZIP codes only.

CALAVERAS

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)

COLUSA

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	3001	Vision Service Plan (VSP)
2004	Premier Access	3002	EyeMed Vision Care
		3003	SafeGuard Vision ** 95912, 95932, 95950, 95955, 95970, 95987

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

**Available in listed ZIP codes only.

CONTRA COSTA

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		

DEL NORTE

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 ** 95531-32, 95538, 95548, 95567
		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.

EL DORADO

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 ** 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	$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
		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.

FRESNO

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								
1003	Blue Cross HMO	$4	$8	$6	$12	$18	$12	$24	$36
	Other Health Plans								
1010	Health Net HMO **	$7	$14	$9	$18	$27	$15	$30	$45
	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, 93720-22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93760-62, 93764-65, 93771-80, 93784, 93786, 93790-94								
1014	Kaiser Permanente **	$7	$14	$9	$18	$27	$15	$30	$45
	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, 93720-22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93760-62, 93764-65, 93771-80, 93784, 93786, 93790-94, 93844, 93888								

Plan Code	Dental Plans Available	Plan Code	Vision Plans Available
2001	Access Dental	3002	EyeMed Vision Care
		3003	SafeGuard Vision
2002	Delta Dental	3001	Vision Service Plan (VSP)
2003	Safeguard Dental **		
	93234, 93242, 93602, 93606-07, 93609, 93611-13, 93616, 93619, 93622, 93624-25, 93630, 93640, 93648-52, 93654, 93656-57, 93660, 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		

*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
		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.*

HUMBOLDT

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 ** 95501, 95503, 95519, 95521, 95524-25, 95528, 95536, 95540, 95547, 95549-51, 95555, 95562, 95564-65, 95570, 95573
2004	Premier Access	3003	SafeGuard Vision ** 95501-03, 95518-19, 95521, 95524-25, 95528, 95534, 95536-37, 95540, 95547, 95549-51, 95555, 95562, 95564-65, 95570, 95573
		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.*

IMPERIAL

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	3001	Vision Service Plan (VSP)
2004	Premier Access	3002	EyeMed Vision Care
2008	Western Dental	3003	SafeGuard Vision ** 92227, 92231-33, 92243-44, 92249-51, 92257, 92259, 92266, 92273, 92281

INYO

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	3001	Vision Service Plan (VSP)
2004	Premier Access		

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

**Available in listed ZIP codes only.

KERN

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								
1015	Kern Family Health Care **	$4	$8	$6	$12	$18	$12	$24	$36
	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, 93380-89, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93527, 93531, 93554, 93560-61, 93581, 93596								
	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
	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								
1014	Kaiser Permanente **	$7	$14	$9	$18	$27	$15	$30	$45
	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								

Plan Code	Dental Plans Available	Plan Code	Vision Plans Available
2001	Access Dental	3001	Vision Service Plan (VSP)
		3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision ** 93206, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93249-51, 93255, 93263, 93268, 93276, 93280, 93283, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93531, 93560-61, 93581, 93596
2003	SafeGuard Dental ** 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93249-51, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93527-28, 93531, 93554-56, 93560-61, 93581, 93596		
2008	Western Dental		

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

**Available in listed ZIP codes only.

KINGS

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
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
		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
	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	3001	Vision Service Plan (VSP)
2004	Premier Access	3002	EyeMed Vision Care
		3003	SafeGuard Vision

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

***Available in listed ZIP codes only.*

LASSEN

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	3001	Vision Service Plan (VSP)
2004	Premier Access	3003	SafeGuard Vision ** 96114, 96119, 96127, 96130

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

***Available in listed ZIP codes only.*

LOS ANGELES

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								
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 ❖	$7	$14	$9	$18	$27	$15	$30	$45

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

(continued on next page)

LOS ANGELES (continued)

INSURANCE PREMIUM *		Category A	Category B	Category C
Plan Code	**Dental Plans Available**	**Plan Code**	**Vision Plans Available**	
2001	Access Dental	3001	Vision Service Plan (VSP)	
2003	Safeguard Dental ❖	3002	EyeMed Vision Care	
2005	Universal Care Dental ❖	3003	SafeGuard Vision ❖	
2008	Western Dental ❖			

MADERA

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
1010	Health Net HMO	$7	$14	$9	$18	$27	$15	$30	$45
1014	Kaiser Permanente ** 93601, 93604, 93614, 93637-39, 93643, 93644-45, 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)

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

***Available in listed ZIP codes only.*

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								
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
		3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
2004	Premier Access	3001	Vision Service Plan (VSP)
2008	Western Dental ** 94903-04, 94930, 94945-47, 94949-50, 94960, 94963, 94973		

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

***Available in listed ZIP codes only.*

MARIPOSA

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
		3001	Vision Service Plan (VSP)

MENDOCINO

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 ** 95415, 95445, 95449, 95468, 95482, 95494
2004	Premier Access	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.*

MERCED

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
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)

MODOC

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	3003	SafeGuard Vision ** 96015, 96054, 96101, 96104, 96108, 96110, 96115-16
2004	Premier Access	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.

MONO

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	3001	Vision Service Plan (VSP)
2004	Premier Access		

MONTEREY

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								
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 ** 93426, 93450, 93901, 93905-08, 93923-26, 93933, 93940, 93943, 93950, 93953, 93955, 95004, 95012, 95039
2002	Delta Dental	3003	SafeGuard Vision ** 93426, 93450, 93901-02, 93905-08, 93912, 93915, 93921-26, 93933, 93940, 93942-44, 93950, 93953, 93955, 93960, 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		

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

***Available in listed ZIP codes only.*

NAPA

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								
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)

NEVADA

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 ** 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
		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.

ORANGE

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								
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
1026	Universal Care	$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
2003	SafeGuard Dental	3003	SafeGuard Vision
2005	Universal Care Dental	3001	Vision Service Plan (VSP)
2008	Western Dental		

NOTE: CalOptima Kids offers 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.

**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								
1004	Blue Shield HMO **	$7	$14	$9	$18	$27	$15	$30	$45
	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	$15	$30	$45
	95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95701, 95703, 95713-14, 95717, 95722, 95736, 95746-47, 95765								
1014	Kaiser Permanente **	$7	$14	$9	$18	$27	$15	$30	$45
	95602-04, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95722, 95736, 95746-47, 95765								

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)

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

Questions? Call 1-800-880-5305. The call is free.

PLUMAS

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 ** 95971, 95983-84, 96103, 96105-06, 96122
2004	Premier Access	3003	SafeGuard Vision ** 95934, 95947, 95956, 95971, 95980, 95983-84, 96020, 96137
		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								
1013	Inland Empire Health Plan **	$4	$8	$6	$12	$18	$12	$24	$36
	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	$15	$30	$45
1004	Blue Shield HMO **	$7	$14	$9	$18	$27	$15	$30	$45
	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								
1007	Community Health Group **	$7	$14	$9	$18	$27	$15	$30	$45
	92530-32, 92536, 92539, 92543-46, 92548, 92562-64, 92567, 92570-72, 92584-87, 92589-93, 92595-96, 92599, 92860, 92877-83								
1010	Health Net HMO **	$7	$14	$9	$18	$27	$15	$30	$45
	91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247, 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, 92860, 92877-83								
1014	Kaiser Permanente **	$7	$14	$9	$18	$27	$15	$30	$45
	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								

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

(continued on next page)

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
	Other Health Plans *(continued)*								
1017	Molina **	$7	$14	$9	$18	$27	$15	$30	$45
	91718-20, 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								
1026	Universal Care **	$7	$14	$9	$18	$27	$15	$30	$45
	92201-03, 92210-11, 92220, 92223, 92225-26, 92230, 92234-36, 92239-41, 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, 92596								

Plan Code	Dental Plans Available	Plan Code	Vision Plans Available
2001	Access Dental	3002	EyeMed Vision Care
		3003	SafeGuard Vision
2002	Delta Dental	3001	Vision Service Plan (VSP)
2003	SafeGuard Dental ** 91752, 92201-03, 92210-11, 92220, 92223, 92225-26, 92230, 92234-36, 92239-41, 92247, 92253-55, 92258, 92260-64, 92270, 92275-76, 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		
2005	Universal Care Dental ** 91752, 92201, 92203, 92210-11, 92220, 92223, 92230, 92234, 92240-41, 92247-48, 92253, 92260, 92262, 92264, 92270, 92276, 92282, 92320, 92501-09, 92513-18, 92521-22, 92530, 92532, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92582-87, 92589-93, 92595-96		
2008	Western Dental		

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

***Available in listed ZIP codes only.*

SACRAMENTO

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								
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

Plan Code	Dental Plans Available	Plan Code	Vision Plans Available
2001	Access Dental	3002	EyeMed Vision Care
		3003	SafeGuard Vision
2002	Delta 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		

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

SAN BENITO

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
2008	Western Dental ** 95023, 95045	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.*

SAN BERNARDINO

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								
1013	Inland Empire Health Plan **	$4	$8	$6	$12	$18	$12	$24	$36
	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, 92427								
	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
	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								
1010	Health Net HMO **	$7	$14	$9	$18	$27	$15	$30	$45
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277-78, 92284-86, 92301, 92305, 92307-13, 92316, 92318, 92324, 92327, 92329, 92334-37, 92339-42, 92345-47, 92350, 92354, 92356-59, 92365, 92368-69, 92371-77, 92382, 92392-94, 92397-99, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427, 93562								
1014	Kaiser Permanente **	$7	$14	$9	$18	$27	$15	$30	$45
	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, 92345-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-15, 92418, 92420, 92423-24, 92427								

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

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SAN BERNARDINO (CONTINUED)

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
	Other Health Plans *(continued)*								
1017	Molina **	$7	$14	$9	$18	$27	$15	$30	$45
	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, 92345-46, 92350, 92352, 92354, 92356-59, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92399, 92401-08, 92410-15, 92418, 92423-24, 92427								
1026	Universal Care **	$7	$14	$9	$18	$27	$15	$30	$45
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91761-64, 91784-86, 92252, 92256, 92267-68, 92277-78, 92280, 92284-86, 92301, 92304-05, 92307-18, 92321-27, 92329, 92332-39, 92341-42, 92345-47, 92352, 92354, 92356, 92358-59, 92363-66, 92368-69, 92371-78, 92382, 92385-86, 92391-95, 92397-99, 92401-08, 92410-15, 92418, 92423-24, 92427								

Plan Code	Dental Plans Available	Plan Code	Vision Plans Available
2001	Access Dental	3002	EyeMed Vision Care
		3003	SafeGuard Vision
		3001	Vision Service Plan (VSP)
2003	SafeGuard Dental **		
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92242, 92252, 92256, 92267-68, 92277-78, 92280, 92284-86, 92301, 92304-05, 92307-18, 92321-27, 92329, 92332-42, 92345-47, 92350, 92352, 92354, 92356-59, 92363-66, 92368-69, 92371-78, 92382, 92385-86, 92391-95, 92397-99, 92401-08, 92410-15, 92418, 92423-24, 92427, 93558, 93562, 93592		
2005	Universal Care Dental **		
	91701, 91708-10, 91729-30, 91737, 91739, 91761-64, 91784, 91786, 92301, 92307-08, 92311-13, 92316, 92324, 92327, 92334-37, 92342, 92345-47, 92354, 92356, 92359, 92365, 92368, 92371-77, 92392-95, 92397-99, 92401, 92404-05, 92407-08, 92410-11		
2008	Western Dental		

*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								
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
1014	Kaiser Permanente **	$7	$14	$9	$18	$27	$15	$30	$45
	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, 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								
1017	Molina Healthcare	$7	$14	$9	$18	$27	$15	$30	$45

Plan Code	Dental Plans Available	Plan Code	Vision Plans Available
2001	Access Dental	3001	Vision Service Plan (VSP)
		3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
2003	SafeGuard Dental **		
	91901-03, 91905-06, 91908-17, 91921, 91931-35, 91941-48, 91950-51, 91962-63, 91976-80, 91987, 91990, 92003-04, 92007-09, 92013-14, 92018-30, 92033, 92036-40, 92046, 92049, 92051-52, 92054-61, 92064-72, 92074-75, 92078-79, 92081-86, 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		

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

**Available in listed ZIP codes only.

SAN FRANCISCO

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	3001	Vision Service Plan (VSP)
2002	Delta Dental	3002	EyeMed Vision Care
2003	SafeGuard Dental	3003	SafeGuard Vision
2008	Western Dental		

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

***Available in listed ZIP codes only.*

SAN JOAQUIN

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								
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
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.*

SAN LUIS OBISPO

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
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
		3001	Vision Service Plan (VSP)
2008	Western Dental ** 93401-03, 93405-10, 93412, 93420-22, 93424, 93430, 93433, 93442-43, 93445, 93448-49, 93453, 93483		

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

***Available in listed ZIP codes only.*

SAN MATEO

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
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		

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***Available in listed ZIP codes only.*

Questions? Call 1-800-880-5305. The call is free.

SANTA BARBARA

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								
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, 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64		
2008	Western Dental		

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

***Available in listed ZIP codes only.*

SANTA CLARA

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								
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, 94085-90, 94301-06, 94309-10, 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
		3003	SafeGuard Vision
2002	Delta Dental	3001	Vision Service Plan (VSP)
2003	SafeGuard Dental ** 94022-24, 94035, 94039-43, 94085-90, 94301-10, 95002, 95008-09, 95011, 95013-15, 95020-21, 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		

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

SANTA CRUZ

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								
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
		3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
2004	Premier Access	3001	Vision Service Plan (VSP)
2008	Western Dental		

SHASTA

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
2001	Access Dental	3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision ** 96001-03, 96007-08, 96019, 96033, 96047, 96049, 96051, 96062, 96069-70, 96073, 96076, 96079, 96084, 96087-89, 96095, 96099
2004	Premier Access		
2008	Western Dental	3001	Vision Service Plan (VSP)

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**Available in listed ZIP codes only.

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
	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	3001	Vision Service Plan (VSP)

SISKIYOU

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	3001	Vision Service Plan (VSP)
2004	Premier Access		

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**Available in listed ZIP codes only.

SOLANO

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
2001	Access Dental	3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
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								
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
	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 Plans Available
		3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
2004	Premier Access	3001	Vision Service Plan (VSP)
2008	Western Dental ** 94926-28, 94931, 94951-52, 94954, 95401-07, 95409, 95436, 95439, 95442, 95444, 95446, 95448, 95452, 95471-73, 95476, 95492		

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

STANISLAUS

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								
1003	Blue Cross HMO	$4	$8	$6	$12	$18	$12	$24	$36
	Other Health Plans								
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)

SUTTER

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
2001	Access Dental	3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
2004	Premier Access	3001	Vision Service Plan (VSP)
2008	Western Dental		

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TEHAMA

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
		3001	Vision Service Plan (VSP)

TRINITY

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 ** 95527, 95563, 96010, 96024, 96041, 96046, 96048, 96052, 96091, 96093
2004	Premier Access	3003	SafeGuard Vision ** 96010, 96024, 96041, 96046, 96048, 96052, 96093
		3001	Vision Service Plan (VSP)

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TULARE

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

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)

TUOLUMNE

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)

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***Available in listed ZIP codes only.*

VENTURA

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								
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
1026	Universal Care	$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		

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YOLO

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
	95605, 95607, 95612, 95616-18, 95645, 95691, 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)

YUBA

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
2001	Access Dental	3002	EyeMed Vision Care
2002	Delta Dental	3003	SafeGuard Vision
2004	Premier Access	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.*

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: 1	2 or more	Number of Children: 1	2	3 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	$12	$24	$36
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, San Luis Obispo, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba									
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

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.

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