

CalPERS 2009 Health Premiums – State Only

Effective Date: 1/1/2009 – 12/31/2009

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$505.02	2051	\$1,010.04	2052	\$1,313.05	2053
Blue Shield NetValue		446.40	0421	892.80	0422	1,160.64	0423
CAHP (Subsidized)		450.96	2301	872.10	2302	1,141.22	2303
CCPOA (North)		467.28	2561	935.37	2562	1,262.44	2563
CCPOA (South)		385.51	2661	771.82	2662	1,042.53	2663
Kaiser (CA)		471.87	0561	943.74	0562	1,226.86	0563
Kaiser (out-of-state)		660.32	*1	1,320.64	*2	1,716.83	*3
PERS Choice		477.70	2221	955.40	2222	1,242.02	2223
PERS Select		448.67	0451	897.34	0452	1,166.54	0453
PERSCare		742.41	2781	1,484.82	2782	1,930.27	2783
PORAC		484.00	2071	906.00	2072	1,151.00	2073

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$341.44	2061	\$682.88	2062	\$1,024.32	2063
Blue Shield NetValue		304.66	0551	609.32	0552	913.98	0553
CAHP (Subsidized)		354.00	2311	655.00	2312	832.00	2313
CCPOA (North)		291.77	2571	583.80	2572	872.58	2573
CCPOA (South)		291.77	2671	583.80	2672	872.58	2673
Kaiser (CA)		280.16	0661	560.32	0662	840.48	0663
Kaiser (out-of-state)		318.84	**1	637.68	**2	956.52	**3
PERS Choice		349.11	2231	698.22	2232	1,047.33	2233
PERS Select		349.11	0461	698.22	0462	1,047.33	0463
PERSCare		404.60	2791	809.20	2792	1,213.80	2793
PORAC		330.00	2081	657.00	2082	1,052.00	2083

Kaiser Out-of-State	*Basic	**Supplemental	Kaiser Out-of-State	*Basic	**Supplemental
Colorado	252	253	Mid-Atlantic	265	261
Georgia	245	249	Northwest	219	269
Hawaii	270	214	Ohio	262	263

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COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		846.46	2064	1,149.47	2065	985.89	2066
Blue Shield NetValue		751.06	0554	1,018.90	0555	877.16	0556
CAHP (Subsidized)		921.36	2314	1,184.50	2315	1,015.28	2316
CCPOA (North)		759.86	2574	1,086.93	2575	910.87	2576
CCPOA (South)		678.08	2674	948.79	2675	854.51	2676
Kaiser (CA)		752.03	0664	1,035.15	0665	843.44	0666
Kaiser (out-of-state)		979.16	**4	1,375.35	**5	1,033.87	**6
PERS Choice		826.81	2234	1,113.43	2235	984.84	2236
PERS Select		797.78	0464	1,066.98	0465	967.42	0466
PERSCare		1,147.01	2794	1,592.46	2795	1,254.65	2796
PORAC		752.00	2084	997.00	2085	902.00	2086

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		846.46	2067	1,187.90	2068	1,149.47	2069
Blue Shield NetValue		751.06	0557	1,055.72	0558	1,018.90	0559
CAHP (Subsidized)		903.71	2317	1,080.71	2318	1,222.00	2319
CCPOA (North)		759.31	2577	1,048.09	2578	1,086.38	2579
CCPOA (South)		677.54	2677	966.32	2678	948.25	2679
Kaiser (CA)		752.03	0667	1,032.19	0668	1,035.15	0669
Kaiser (out-of-state)		979.16	**7	1,298.00	**8	1,375.35	**9
PERS Choice		826.81	2237	1,175.92	2238	1,113.43	2239
PERS Select		797.78	0467	1,146.89	0468	1,066.98	0469
PERSCare		1,147.01	2797	1,551.61	2798	1,592.46	2799
PORAC		811.00	2087	1,206.00	2088	1,056.00	2089

Kaiser Out-of- State	*Basic	**Supplemental	Kaiser Out-of- State	*Basic	**Supplemental
Colorado	252	253	Mid-Atlantic	265	261
Georgia	245	249	Northwest	219	269
Hawaii	270	214	Ohio	262	263