

CalPERS 2017 Health Premiums - State Only

Actives and Annuitants

Effective Date: 1/1/2017 - 12/31/2017

Basic Monthly Rate (B)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem EPO Del Norte	\$740.88	172 1	1	\$1,481.76	172 2	2	\$1,926.29	172 3	3
Anthem EPO Monterey	740.88	127 1	1	1,481.76	127 2	2	1,926.29	127 3	3
Anthem HMO Select	740.23	181 1	1	1,480.46	181 2	2	1,924.60	181 3	3
Anthem HMO Traditional	872.91	180 1	1	1,745.82	180 2	2	2,269.57	180 3	3
BSC Access+	830.44	141 1	1	1,660.88	141 2	2	2,159.14	141 3	3
BSC EPO	830.44	191 1	1	1,660.88	191 2	2	2,159.14	191 3	3
CAHP	620.79	230 1	1	1,205.17	230 2	2	1,576.26	230 3	3
CCPOA North	691.50	256 1	1	1,385.69	256 2	2	1,870.73	256 3	3
CCPOA South	570.26	266 1	1	1,143.15	266 2	2	1,544.60	266 3	3
Health Net Salud y Más	475.46	184 1	1	950.92	184 2	2	1,236.20	184 3	3
Health Net SmartCare	692.89	185 1	1	1,385.78	185 2	2	1,801.51	185 3	3
Kaiser Permanente	662.92	056 1	1	1,325.84	056 2	2	1,723.59	056 3	3
PERS Choice	740.88	222 1	1	1,481.76	222 2	2	1,926.29	222 3	3
PERS Select	673.25	045 1	1	1,346.50	045 2	2	1,750.45	045 3	3
PERSCare	826.37	278 1	1	1,652.74	278 2	2	2,148.56	278 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
Sharp	616.49	189 1	1	1,232.98	189 2	2	1,602.87	189 3	3
UnitedHealthcare	686.17	187 1	1	1,372.34	187 2	2	1,784.04	187 3	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
CAHP Med Supp	\$372.00	231 1	4	\$688.00	231 2	5	\$874.00	231 3	6
CCPOA North Med Supp	426.09	257 1	4	853.95	257 2	5	1,277.05	257 3	6
CCPOA South Med Supp	426.09	267 1	4	853.95	267 2	5	1,277.05	267 3	6
Kaiser Permanente SR Adv	300.48	066 1	4	600.96	066 2	5	901.44	066 3	6
PERS Choice Med Supp	353.63	223 1	4	707.26	223 2	5	1,060.89	223 3	6
PERS Select Med Supp	353.63	046 1	4	707.26	046 2	5	1,060.89	046 3	6
PERSCare Med Supp	389.76	279 1	4	779.52	279 2	5	1,169.28	279 3	6
PORAC Med Supp	464.00	208 1	4	924.00	208 2	5	1,477.00	208 3	6
UnitedHealthcare Group MA/PPO	324.21	163 1	4	648.42	163 2	5	972.63	163 3	6

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Combination Monthly Rate

PLAN	Employee in M 1 Dependent in B	Plan Code	Party Rate	Employee in M 2+ Dependents in B	Plan Code	Party Rate	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,094.51	162 4	7	\$1,539.04	162 5	8	\$1,151.79	162 6	9
Anthem EPO Monterey/Med Supp	1,094.51	159 4	7	1,539.04	159 5	8	1,151.79	159 6	9
CAHP/Med Supp	956.38	117 4	7	1,327.47	117 5	8	1,059.09	117 6	9
CCPOA North/Med Supp	1,120.28	118 4	7	1,605.32	118 5	8	1,338.99	118 6	9
CCPOA South/Med Supp	998.98	119 4	7	1,400.43	119 5	8	1,255.40	119 6	9
Kaiser Permanente Sr Adv	963.40	120 4	7	1,361.15	120 5	8	998.71	120 6	9
PERS Choice/Med Supp	1,094.51	140 4	7	1,539.04	140 5	8	1,151.79	140 6	9
PERS Select/Med Supp	1,026.88	148 4	7	1,430.83	148 5	8	1,111.21	148 6	9
PERSCare/Med Supp	1,216.13	149 4	7	1,711.95	149 5	8	1,275.34	149 6	9
PORAC/Med Supp	1,232.00	158 4	7	1,641.00	158 5	8	1,333.00	158 6	9
UnitedHealthcare/Group MA/PPO	1,010.38	164 4	7	1,422.08	164 5	8	1,060.12	164 6	9

Combination Monthly Rate

PLAN	Employee in B 1 Dependent in M	Plan Code	Party Rate	Employee in B 2+ Dependents in M	Plan Code	Party Rate	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,094.51	162 7	10	\$1,448.14	162 8	11	\$1,539.04	162 9	12
Anthem EPO Monterey/Med Supp	1,094.51	159 7	10	1,448.14	159 8	11	1,539.04	159 9	12
CAHP/Med Supp	936.79	117 7	10	1,122.79	117 8	11	1,307.88	117 9	12
CCPOA North/Med Supp	1,119.36	118 7	10	1,542.46	118 8	11	1,604.40	118 9	12
CCPOA South/Med Supp	998.12	119 7	10	1,421.22	119 8	11	1,399.57	119 9	12
Kaiser Permanente/Sr Adv	963.40	120 7	10	1,263.88	120 8	11	1,361.15	120 9	12
PERS Choice/Med Supp	1,094.51	140 7	10	1,448.14	140 8	11	1,539.04	140 9	12
PERS Select/Med Supp	1,026.88	148 7	10	1,380.51	148 8	11	1,430.83	148 9	12
PERSCare/Med Supp	1,216.13	149 7	10	1,605.89	149 8	11	1,711.95	149 9	12
PORAC/Med Supp	1,159.00	158 7	10	1,712.00	158 8	11	1,568.00	158 9	12
UnitedHealthcare/Group MA/PPO	1,010.38	164 7	10	1,334.59	164 8	11	1,422.08	164 9	12