

CalPERS 2018 Monthly Premiums for Contracting Agencies
Los Angeles Area Region
 Los Angeles, San Bernardino, Ventura

Actives and Annuitants
 Effective Date: 1/1/2018 - 12/31/2018

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 HMO Select	\$660.17	413 1	1	\$1,320.34	413 2	2	\$1,716.44	413 3	3
Anthem HMO Traditional	784.72	402 1	1	1,569.44	402 2	2	2,040.27	402 3	3
BSC Access+	613.29	144 1	1	1,226.58	144 2	2	1,594.55	144 3	3
Health Net Salud y Más	404.32	443 1	1	808.64	443 2	2	1,051.23	443 3	3
Health Net SmartCare	577.15	408 1	1	1,154.30	408 2	2	1,500.59	408 3	3
Kaiser Permanente	642.70	306 1	1	1,285.40	306 2	2	1,671.02	306 3	3
PERS Choice	620.39	321 1	1	1,240.78	321 2	2	1,613.01	321 3	3
PERS Select	573.21	080 1	1	1,146.42	080 2	2	1,490.35	080 3	3
PERSCare	673.73	326 1	1	1,347.46	326 2	2	1,751.70	326 3	3
PORAC	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3
UnitedHealthcare	602.78	428 1	1	1,205.56	428 2	2	1,567.23	428 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
Anthem Traditional Med Adv Health Only	\$370.34	271 1	4	\$740.68	271 2	5	\$1,111.02	271 3	6
Anthem Traditional ¹ Med Adv Health/Dental/Vision	370.34	166 1	4	740.68	166 2	5	1,111.02	166 3	6
Kaiser Senior Adv	316.34	316 1	4	632.68	316 2	5	949.02	316 3	6
Kaiser Senior Adv/Dental ²	316.34	493 1	4	632.68	493 2	5	949.02	493 3	6
PERS Choice Med Supp	345.97	331 1	4	691.94	331 2	5	1,037.91	331 3	6
PERS Select Med Supp	345.97	081 1	4	691.94	081 2	5	1,037.91	081 3	6
PERSCare Med Supp	382.30	336 1	4	764.60	336 2	5	1,146.90	336 3	6
PORAC Med Supp	487.00	208 1	4	970.00	208 2	5	1,551.00	208 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	330.76	382 1	4	661.52	382 2	5	992.28	382 3	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	330.76	383 1	4	661.52	383 2	5	992.28	383 3	6

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$27.65 per member per month premium. You will be billed directly for this amount.

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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 Traditional/ Med Adv Health Only	\$1,155.06	389 4	7	\$1,625.89	389 5	8	\$1,211.51	389 6	9
Anthem Traditional ¹ / Med Adv Health/Dental/Vision	1,155.06	198 4	7	1,625.89	198 5	8	1,211.51	198 6	9
Kaiser/Senior Adv	959.04	342 4	7	1,344.66	342 5	8	1,018.30	342 6	9
Kaiser/Senior Adv/Dental ²	959.04	503 4	7	1,344.66	503 5	8	1,018.30	503 6	9
PERS Choice/Med Supp	966.36	347 4	7	1,338.59	347 5	8	1,064.17	347 6	9
PERS Select/Med Supp	919.18	353 4	7	1,263.11	353 5	8	1,035.87	353 6	9
PERSCare/Med Supp	1,056.03	358 4	7	1,460.27	358 5	8	1,168.84	358 6	9
PORAC/Med Supp	1,293.00	158 4	7	1,723.00	158 5	8	1,400.00	158 6	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	933.54	369 4	7	1,295.21	369 5	8	1,023.19	369 6	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	933.54	370 4	7	1,295.21	370 5	8	1,023.19	370 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 Traditional/ Med Adv Health Only	\$1,155.06	389 7	10	\$1,525.40	389 8	11	\$1,625.89	389 9	12
Anthem Traditional ¹ / Med Adv Health/Dental/Vision	1,155.06	198 7	10	1,525.40	198 8	11	1,625.89	198 9	12
Kaiser/Senior Adv	959.04	342 7	10	1,275.38	342 8	11	1,344.66	342 9	12
Kaiser/Senior Adv/Dental ²	959.04	503 7	10	1,275.38	503 8	11	1,344.66	503 9	12
PERS Choice/Med Supp	966.36	347 7	10	1,312.33	347 8	11	1,338.59	347 9	12
PERS Select/Med Supp	919.18	353 7	10	1,265.15	353 8	11	1,263.11	353 9	12
PERSCare/Med Supp	1,056.03	358 7	10	1,438.33	358 8	11	1,460.27	358 9	12
PORAC/Med Supp	1,217.00	158 7	10	1,798.00	158 8	11	1,647.00	158 9	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	933.54	369 7	10	1,264.30	369 8	11	1,295.21	369 9	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	933.54	370 7	10	1,264.30	370 8	11	1,295.21	370 9	12

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