

## CalPERS 2018 Monthly Premiums for Contracting Agencies Other Northern California Region

Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced,  
Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

### 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 EPO Del Norte	\$813.96	174 1	1	\$1,627.92	174 2	2	\$2,116.30	174 3	3
Anthem HMO Select	910.90	470 1	1	1,821.80	470 2	2	2,368.34	470 3	3
Anthem HMO Traditional	954.75	466 1	1	1,909.50	466 2	2	2,482.35	466 3	3
BSC Access+	894.43	303 1	1	1,788.86	303 2	2	2,325.52	303 3	3
BSC EPO	894.43	482 1	1	1,788.86	482 2	2	2,325.52	482 3	3
Kaiser Permanente	795.43	307 1	1	1,590.86	307 2	2	2,068.12	307 3	3
PERS Choice	813.96	322 1	1	1,627.92	322 2	2	2,116.30	322 3	3
PERS Select	691.78	053 1	1	1,383.56	053 2	2	1,798.63	053 3	3
PERSCare	866.93	327 1	1	1,733.86	327 2	2	2,254.02	327 3	3
PORAC	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3
UnitedHealthcare	1,205.55	430 1	1	2,411.10	430 2	2	3,134.43	430 3	3
Western Health Advantage	744.79	177 1	1	1,489.58	177 2	2	1,936.45	177 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	268 1	4	\$740.68	268 2	5	\$1,111.02	268 3	6
Anthem Traditional <sup>1</sup> Med Adv Health/Dental/Vision	370.34	165 1	4	740.68	165 2	5	1,111.02	165 3	6
Kaiser Senior Adv	316.34	317 1	4	632.68	317 2	5	949.02	317 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	316.34	491 1	4	632.68	491 2	5	949.02	491 3	6
PERS Choice Med Supp	345.97	332 1	4	691.94	332 2	5	1,037.91	332 3	6
PERS Select Med Supp	345.97	054 1	4	691.94	054 2	5	1,037.91	054 3	6
PERSCare Med Supp	382.30	337 1	4	764.60	337 2	5	1,146.90	337 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	384 1	4	661.52	384 2	5	992.28	384 3	6
UnitedHealthcare <sup>3</sup> Grp Med Adv/PPO Health/Dental/Vision	330.76	385 1	4	661.52	385 2	5	992.28	385 3	6

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

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

<sup>3</sup>Dental 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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### Actives and Annuitants

Effective Date: 1/1/2018 - 12/31/2018

#### Combination Monthly Rate

PLAN	Employee in M 1 Dependent in B			Employee in M 2+ Dependents in B			Employee in M & 1 Dependent in M 1+ Dependents in B		
	Plan Code	Party Rate		Plan Code	Party Rate		Plan Code	Party Rate	
Anthem EPO Del Norte/Med Supp	377 4	7	\$1,159.93	377 5	8	\$1,648.31	377 6	9	\$1,180.32
Anthem Traditional/ Med Adv Health Only	388 4	7	1,325.09	388 5	8	1,897.94	388 6	9	1,313.53
Anthem Traditional <sup>1</sup> / Med Adv Health/Dental/Vision	197 4	7	1,325.09	197 5	8	1,897.94	197 6	9	1,313.53
Kaiser/Senior Adv	344 4	7	1,111.77	344 5	8	1,589.03	344 6	9	1,109.94
Kaiser/Senior Adv/Dental <sup>2</sup>	501 4	7	1,111.77	501 5	8	1,589.03	501 6	9	1,109.94
PERS Choice/Med Supp	349 4	7	1,159.93	349 5	8	1,648.31	349 6	9	1,180.32
PERS Select/Med Supp	355 4	7	1,037.75	355 5	8	1,452.82	355 6	9	1,107.01
PERSCare/Med Supp	360 4	7	1,249.23	360 5	8	1,769.39	360 6	9	1,284.76
PORAC/Med Supp	158 4	7	1,293.00	158 5	8	1,723.00	158 6	9	1,400.00
UnitedHealthcare/ Grp Med Adv/PPO Health Only	371 4	7	1,536.31	371 5	8	2,259.64	371 6	9	1,384.85
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	372 4	7	1,536.31	372 5	8	2,259.64	372 6	9	1,384.85

#### Combination Monthly Rate

PLAN	Employee in B 1 Dependent in M			Employee in B 2+ Dependents in M			Employee in B & 1 Dependent in B 1+ Dependents in M		
	Plan Code	Party Rate		Plan Code	Party Rate		Plan Code	Party Rate	
Anthem EPO Del Norte/Med Supp	377 7	10	\$1,159.93	377 8	11	\$1,505.90	377 9	12	\$1,648.31
Anthem Traditional/ Med Adv Health Only	388 7	10	1,325.09	388 8	11	1,695.43	388 9	12	1,897.94
Anthem Traditional <sup>1</sup> / Med Adv Health/Dental/Vision	197 7	10	1,325.09	197 8	11	1,695.43	197 9	12	1,897.94
Kaiser/Senior Adv	344 7	10	1,111.77	344 8	11	1,428.11	344 9	12	1,589.03
Kaiser/Senior Adv/Dental <sup>2</sup>	501 7	10	1,111.77	501 8	11	1,428.11	501 9	12	1,589.03
PERS Choice/Med Supp	349 7	10	1,159.93	349 8	11	1,505.90	349 9	12	1,648.31
PERS Select/Med Supp	355 7	10	1,037.75	355 8	11	1,383.72	355 9	12	1,452.82
PERSCare/Med Supp	360 7	10	1,249.23	360 8	11	1,631.53	360 9	12	1,769.39
PORAC/Med Supp	158 7	10	1,217.00	158 8	11	1,798.00	158 9	12	1,647.00
UnitedHealthcare/ Grp Med Adv/PPO Health Only	371 7	10	1,536.31	371 8	11	1,867.07	371 9	12	2,259.64
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	372 7	10	1,536.31	372 8	11	1,867.07	372 9	12	2,259.64

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

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