

## 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<br>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><br>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<br>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><br>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<br>1 Dependent in B |            |            | Employee in M<br>2+ Dependents in B |            |            | Employee in M &<br>1 Dependent in M<br>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/<br>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> /<br>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/<br>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> /<br>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<br>1 Dependent in M |            |            | Employee in B<br>2+ Dependents in M |            |            | Employee in B &<br>1 Dependent in B<br>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/<br>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> /<br>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/<br>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> /<br>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   |

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