

CalPERS 2018 Monthly Premiums for Contracting Agencies Other Southern California Region

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo,
Santa Barbara, Tulare

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	\$659.69	478 1	1	\$1,319.38	478 2	2	\$1,715.19	478 3	3
Anthem HMO Traditional	735.08	407 1	1	1,470.16	407 2	2	1,911.21	407 3	3
BSC Access+	695.97	142 1	1	1,391.94	142 2	2	1,809.52	142 3	3
Health Net Salud y Más	461.56	412 1	1	923.12	412 2	2	1,200.06	412 3	3
Health Net SmartCare	607.68	414 1	1	1,215.36	414 2	2	1,579.97	414 3	3
Kaiser Permanente	666.80	308 1	1	1,333.60	308 2	2	1,733.68	308 3	3
PERS Choice	698.96	323 1	1	1,397.92	323 2	2	1,817.30	323 3	3
PERS Select	654.74	082 1	1	1,309.48	082 2	2	1,702.32	082 3	3
PERSCare	733.50	328 1	1	1,467.00	328 2	2	1,907.10	328 3	3
PORAC	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3
Sharp	618.14	420 1	1	1,236.28	420 2	2	1,607.16	420 3	3
UnitedHealthcare	616.66	432 1	1	1,233.32	432 2	2	1,603.32	432 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	259 1	4	\$740.68	259 2	5	\$1,111.02	259 3	6
Anthem Traditional ¹ Med Adv Health/Dental/Vision	370.34	109 1	4	740.68	109 2	5	1,111.02	109 3	6
Kaiser Senior Adv	316.34	318 1	4	632.68	318 2	5	949.02	318 3	6
Kaiser Senior Adv/Dental ²	316.34	492 1	4	632.68	492 2	5	949.02	492 3	6
PERS Choice Med Supp	345.97	333 1	4	691.94	333 2	5	1,037.91	333 3	6
PERS Select Med Supp	345.97	083 1	4	691.94	083 2	5	1,037.91	083 3	6
PERSCare Med Supp	382.30	338 1	4	764.60	338 2	5	1,146.90	338 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	386 1	4	661.52	386 2	5	992.28	386 3	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	330.76	387 1	4	661.52	387 2	5	992.28	387 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	\$1,105.42	310 4	7	\$1,546.47	310 5	8	\$1,181.73	310 6	9
Anthem Traditional ¹ / Med Adv Health/Dental/Vision	1,105.42	169 4	7	1,546.47	169 5	8	1,181.73	169 6	9
Kaiser/Senior Adv	983.14	343 4	7	1,383.22	343 5	8	1,032.76	343 6	9
Kaiser/Senior Adv/Dental ²	983.14	502 4	7	1,383.22	502 5	8	1,032.76	502 6	9
PERS Choice/Med Supp	1,044.93	348 4	7	1,464.31	348 5	8	1,111.32	348 6	9
PERS Select/Med Supp	1,000.71	354 4	7	1,393.55	354 5	8	1,084.78	354 6	9
PERSCare/Med Supp	1,115.80	359 4	7	1,555.90	359 5	8	1,204.70	359 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	947.42	373 4	7	1,317.42	373 5	8	1,031.52	373 6	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	947.42	374 4	7	1,317.42	374 5	8	1,031.52	374 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	\$1,105.42	310 7	10	\$1,475.76	310 8	11	\$1,546.47	310 9	12
Anthem Traditional ¹ / Med Adv Health/Dental/Vision	1,105.42	169 7	10	1,475.76	169 8	11	1,546.47	169 9	12
Kaiser/Senior Adv	983.14	343 7	10	1,299.48	343 8	11	1,383.22	343 9	12
Kaiser/Senior Adv/Dental ²	983.14	502 7	10	1,299.48	502 8	11	1,383.22	502 9	12
PERS Choice/Med Supp	1,044.93	348 7	10	1,390.90	348 8	11	1,464.31	348 9	12
PERS Select/Med Supp	1,000.71	354 7	10	1,346.68	354 8	11	1,393.55	354 9	12
PERSCare/Med Supp	1,115.80	359 7	10	1,498.10	359 8	11	1,555.90	359 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	947.42	373 7	10	1,278.18	373 8	11	1,317.42	373 9	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	947.42	374 7	10	1,278.18	374 8	11	1,317.42	374 9	12

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