

## CalPERS 2018 Monthly Premiums for Contracting Agencies

### Sacramento Area Region

El Dorado, Placer, Sacramento, Yolo

### 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	\$942.29	446 1	1	\$1,884.58	446 2	2	\$2,449.95	446 3	3
Anthem HMO Traditional	1,054.62	442 1	1	2,109.24	442 2	2	2,742.01	442 3	3
BSC Access+	806.71	101 1	1	1,613.42	101 2	2	2,097.45	101 3	3
HealthNet SmartCare	980.82	376 1	1	1,961.64	376 2	2	2,550.13	376 3	3
Kaiser Permanente	703.96	103 1	1	1,407.92	103 2	2	1,830.30	103 3	3
PERS Choice	735.38	105 1	1	1,470.76	105 2	2	1,911.99	105 3	3
PERS Select	684.90	125 1	1	1,369.80	125 2	2	1,780.74	125 3	3
PERSCare	797.61	121 1	1	1,595.22	121 2	2	2,073.79	121 3	3
PORAC	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3
UnitedHealthcare	831.42	424 1	1	1,662.84	424 2	2	2,161.69	424 3	3
Western Health Advantage	744.79	178 1	1	1,489.58	178 2	2	1,936.45	178 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	277 1	4	\$740.68	277 2	5	\$1,111.02	277 3	6
Anthem Traditional <sup>1</sup> Med Adv Health/Dental/Vision	370.34	168 1	4	740.68	168 2	5	1,111.02	168 3	6
Kaiser Senior Adv	316.34	113 1	4	632.68	113 2	5	949.02	113 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	316.34	489 1	4	632.68	489 2	5	949.02	489 3	6
PERS Choice Med Supp	345.97	115 1	4	691.94	115 2	5	1,037.91	115 3	6
PERS Select Med Supp	345.97	135 1	4	691.94	135 2	5	1,037.91	135 3	6
PERSCare Med Supp	382.30	131 1	4	764.60	131 2	5	1,146.90	131 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	378 1	4	661.52	378 2	5	992.28	378 3	6
UnitedHealthcare <sup>3</sup> Grp Med Adv/PPO Health/Dental/Vision	330.76	379 1	4	661.52	379 2	5	992.28	379 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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#### 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	\$1,424.96	391 4	7	\$2,057.73	391 5	8	\$1,373.45	391 6	9
Anthem Traditional <sup>1</sup> / Med Adv Health/Dental/Vision	1,424.96	237 4	7	2,057.73	237 5	8	1,373.45	237 6	9
Kaiser/Senior Adv	1,020.30	341 4	7	1,442.68	341 5	8	1,055.06	341 6	9
Kaiser/Senior Adv/Dental <sup>2</sup>	1,020.30	499 4	7	1,442.68	499 5	8	1,055.06	499 6	9
PERS Choice/Med Supp	1,081.35	346 4	7	1,522.58	346 5	8	1,133.17	346 6	9
PERS Select/Med Supp	1,030.87	352 4	7	1,441.81	352 5	8	1,102.88	352 6	9
PERSCare/Med Supp	1,179.91	357 4	7	1,658.48	357 5	8	1,243.17	357 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	1,162.18	365 4	7	1,661.03	365 5	8	1,160.37	365 6	9
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	1,162.18	366 4	7	1,661.03	366 5	8	1,160.37	366 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	\$1,424.96	391 7	10	\$1,795.30	391 8	11	\$2,057.73	391 9	12
Anthem Traditional <sup>1</sup> / Med Adv Health/Dental/Vision	1,424.96	237 7	10	1,795.30	237 8	11	2,057.73	237 9	12
Kaiser/Senior Adv	1,020.30	341 7	10	1,336.64	341 8	11	1,442.68	341 9	12
Kaiser/Senior Adv/Dental <sup>2</sup>	1,020.30	499 7	10	1,336.64	499 8	11	1,442.68	499 9	12
PERS Choice/Med Supp	1,081.35	346 7	10	1,427.32	346 8	11	1,522.58	346 9	12
PERS Select/Med Supp	1,030.87	352 7	10	1,376.84	352 8	11	1,441.81	352 9	12
PERSCare/Med Supp	1,179.91	357 7	10	1,562.21	357 8	11	1,658.48	357 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	1,162.18	365 7	10	1,492.94	365 8	11	1,661.03	365 9	12
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	1,162.18	366 7	10	1,492.94	366 8	11	1,661.03	366 9	12

<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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