

CalPERS 2018 Health Premiums - State Only

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	\$724.16	172 1	1	\$1,448.32	172 2	2	\$1,882.82	172 3	3
Anthem HMO Select	796.73	181 1	1	1,593.46	181 2	2	2,071.50	181 3	3
Anthem HMO Traditional	841.34	180 1	1	1,682.68	180 2	2	2,187.48	180 3	3
BSC Access+	752.32	141 1	1	1,504.64	141 2	2	1,956.03	141 3	3
BSC EPO	752.32	191 1	1	1,504.64	191 2	2	1,956.03	191 3	3
CAHP	651.83	230 1	1	1,265.43	230 2	2	1,655.07	230 3	3
CCPOA North	752.64	256 1	1	1,508.47	256 2	2	2,036.58	256 3	3
CCPOA South	620.63	266 1	1	1,244.40	266 2	2	1,681.49	266 3	3
Health Net Salud y Más	471.51	184 1	1	943.02	184 2	2	1,225.93	184 3	3
Health Net SmartCare	790.73	185 1	1	1,581.46	185 2	2	2,055.90	185 3	3
Kaiser Permanente	717.38	056 1	1	1,434.76	056 2	2	1,865.19	056 3	3
PERS Choice	724.16	222 1	1	1,448.32	222 2	2	1,882.82	222 3	3
PERS Select	661.29	045 1	1	1,322.58	045 2	2	1,719.35	045 3	3
PERSCare	776.19	278 1	1	1,552.38	278 2	2	2,018.09	278 3	3
PORAC	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3
Sharp	624.70	189 1	1	1,249.40	189 2	2	1,624.22	189 3	3
UnitedHealthcare	704.59	187 1	1	1,409.18	187 2	2	1,831.93	187 3	3
Western Health Advantage	720.44	176 1	1	1,440.88	176 2	2	1,873.14	176 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	\$370.34	258 1	4	\$740.68	258 2	5	\$1,111.02	258 3	6
CAHP Med Supp	391.00	231 1	4	722.00	231 2	5	918.00	231 3	6
CCPOA North Med Supp	449.40	257 1	4	900.84	257 2	5	1,347.25	257 3	6
CCPOA South Med Supp	449.40	267 1	4	900.84	267 2	5	1,347.25	267 3	6
Kaiser Permanente Sr Adv	316.34	066 1	4	632.68	066 2	5	949.02	066 3	6
PERS Choice Med Supp	345.97	223 1	4	691.94	223 2	5	1,037.91	223 3	6
PERS Select Med Supp	345.97	046 1	4	691.94	046 2	5	1,037.91	046 3	6
PERSCare Med Supp	382.30	279 1	4	764.60	279 2	5	1,146.90	279 3	6
PORAC Med Supp	487.00	208 1	4	970.00	208 2	5	1,551.00	208 3	6
UnitedHealthcare Group Medicare Advantage/PPO	330.76	163 1	4	661.52	163 2	5	992.28	163 3	6

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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 EPO Del Norte/Med Supp	\$1,070.13	162 4	7	\$1,504.63	162 5	8	\$1,126.44	162 6	9
Anthem Traditional/Med Adv	1,211.68	309 4	7	1,716.48	309 5	8	1,245.48	309 6	9
CAHP/Med Supp	1,004.60	117 4	7	1,394.24	117 5	8	1,111.64	117 6	9
CCPOA North/Med Supp	1,205.23	118 4	7	1,733.34	118 5	8	1,428.95	118 6	9
CCPOA South/Med Supp	1,073.17	119 4	7	1,510.26	119 5	8	1,337.93	119 6	9
Kaiser Permanente/Sr Adv	1,033.72	120 4	7	1,464.15	120 5	8	1,063.11	120 6	9
PERS Choice/Med Supp	1,070.13	140 4	7	1,504.63	140 5	8	1,126.44	140 6	9
PERS Select/Med Supp	1,007.26	148 4	7	1,404.03	148 5	8	1,088.71	148 6	9
PERSCare/Med Supp	1,158.49	149 4	7	1,624.20	149 5	8	1,230.31	149 6	9
PORAC/Med Supp	1,293.00	158 4	7	1,723.00	158 5	8	1,400.00	158 6	9
UnitedHealthcare/ Group Medicare Advantage/PPO	1,035.35	164 4	7	1,458.10	164 5	8	1,084.27	164 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 EPO Del Norte/Med Supp	\$1,070.13	162 7	10	\$1,416.10	162 8	11	\$1,504.63	162 9	12
Anthem Traditional/Med Adv	1,211.68	309 7	10	1,582.02	309 8	11	1,716.48	309 9	12
CAHP/Med Supp	982.83	117 7	10	1,178.83	117 8	11	1,372.47	117 9	12
CCPOA North/Med Supp	1,204.08	118 7	10	1,650.49	118 8	11	1,732.19	118 9	12
CCPOA South/Med Supp	1,072.07	119 7	10	1,518.48	119 8	11	1,509.16	119 9	12
Kaiser Permanente/Sr Adv	1,033.72	120 7	10	1,350.06	120 8	11	1,464.15	120 9	12
PERS Choice/Med Supp	1,070.13	140 7	10	1,416.10	140 8	11	1,504.63	140 9	12
PERS Select/Med Supp	1,007.26	148 7	10	1,353.23	148 8	11	1,404.03	148 9	12
PERSCare/Med Supp	1,158.49	149 7	10	1,540.79	149 8	11	1,624.20	149 9	12
PORAC/Med Supp	1,217.00	158 7	10	1,798.00	158 8	11	1,647.00	158 9	12
UnitedHealthcare/ Group Medicare Advantage/PPO	1,035.35	164 7	10	1,366.11	164 8	11	1,458.10	164 9	12