

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 |