

CalPERS 2019 Monthly Premiums for Contracting Agencies Bay Area Region

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin,
San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba

Actives and Annuitants

Effective Date: 1/1/2019 - 12/31/2019

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	\$831.44	4541	1	\$1,662.88	4542	2	\$2,161.74	4543	3
Anthem HMO Traditional	1,111.13	4501	1	2,222.26	4502	2	2,888.94	4503	3
BSC Access+	970.90	1021	1	1,941.80	1022	2	2,524.34	1023	3
HealthNet SmartCare	901.55	3751	1	1,803.10	3752	2	2,344.03	3753	3
Kaiser Permanente	768.25	1041	1	1,536.50	1042	2	1,997.45	1043	3
PERS Choice	866.27	1061	1	1,732.54	1062	2	2,252.30	1063	3
PERS Select	543.19	1261	1	1,086.38	1262	2	1,412.29	1263	3
PERSCare	1,131.68	1221	1	2,263.36	1222	2	2,942.37	1223	3
PORAC	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3
Western Health Advantage	767.01	1791	1	1,534.02	1792	2	1,994.23	1793	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 Medicare Preferred Health Only	\$357.44	2761	4	\$714.88	2762	5	\$1,072.32	2763	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	1671	4	714.88	1672	5	1,072.32	1673	6
Kaiser Senior Adv	323.74	1141	4	647.48	1142	5	971.22	1143	6
Kaiser Senior Adv/Dental ²	323.74	4901	4	647.48	4902	5	971.22	4903	6
PERS Choice Med Supp	360.41	1161	4	720.82	1162	5	1,081.23	1163	6
PERS Select Med Supp	360.41	1361	4	720.82	1362	5	1,081.23	1363	6
PERSCare Med Supp	394.83	1321	4	789.66	1322	5	1,184.49	1323	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	3801	4	598.74	3802	5	898.11	3803	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	3811	4	598.74	3812	5	898.11	3813	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.

CalPERS 2019 Monthly Premiums for Contracting Agencies Bay Area Region

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin,
San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba

Actives and Annuitants

Effective Date: 1/1/2019 - 12/31/2019

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 Pref Health Only	\$1,468.57	3904	7	\$2,135.25	3905	8	\$1,381.56	3906	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,468.57	2344	7	2,135.25	2345	8	1,381.56	2346	9
Kaiser/Senior Adv	1,091.99	3404	7	1,552.94	3405	8	1,108.43	3406	9
Kaiser/Senior Adv/Dental ²	1,091.99	5004	7	1,552.94	5005	8	1,108.43	5006	9
PERS Choice/Med Supp	1,226.68	3454	7	1,746.44	3455	8	1,240.58	3456	9
PERS Select/Med Supp	903.60	3514	7	1,229.51	3515	8	1,046.73	3516	9
PERSCare/Med Supp	1,526.51	3564	7	2,205.52	3565	8	1,468.67	3566	9
PORAC/Med Supp	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem Traditional/ Med Pref Health Only	\$1,468.57	3907	10	\$1,826.01	3908	11	\$2,135.25	3909	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,468.57	2347	10	1,826.01	2348	11	2,135.25	2349	12
Kaiser/Senior Adv	1,091.99	3407	10	1,415.73	3408	11	1,552.94	3409	12
Kaiser/Senior Adv/Dental ²	1,091.99	5007	10	1,415.73	5008	11	1,552.94	5009	12
PERS Choice/Med Supp	1,226.68	3457	10	1,587.09	3458	11	1,746.44	3459	12
PERS Select/Med Supp	903.60	3517	10	1,264.01	3518	11	1,229.51	3519	12
PERSCare/Med Supp	1,526.51	3567	10	1,921.34	3568	11	2,205.52	3569	12
PORAC/Med Supp	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12

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.

**CalPERS 2019 Monthly Premiums for Contracting Agencies
Los Angeles Area Region
Los Angeles, San Bernardino, Ventura**

**Actives and Annuitants
Effective Date: 1/1/2019 - 12/31/2019**

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	\$627.07	4131	1	\$1,254.14	4132	2	\$1,630.38	4133	3
Anthem HMO Traditional	878.48	4021	1	1,756.96	4022	2	2,284.05	4023	3
BSC Access+	669.75	1441	1	1,339.50	1442	2	1,741.35	1443	3
Health Net Salud y Más	356.50	4431	1	713.00	4432	2	926.90	4433	3
Health Net SmartCare	584.27	4081	1	1,168.54	4082	2	1,519.10	4083	3
Kaiser Permanente	618.64	3061	1	1,237.28	3062	2	1,608.46	3063	3
PERS Choice	654.50	3211	1	1,309.00	3212	2	1,701.70	3213	3
PERS Select	420.77	0801	1	841.54	0802	2	1,094.00	0803	3
PERSCare	843.78	3261	1	1,687.56	3262	2	2,193.83	3263	3
PORAC	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3
UnitedHealthcare	669.61	4281	1	1,339.22	4282	2	1,740.99	4283	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 Medicare Preferred Health Only	\$357.44	2711	4	\$714.88	2712	5	\$1,072.32	2713	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	1661	4	714.88	1662	5	1,072.32	1663	6
Kaiser Senior Adv	323.74	3161	4	647.48	3162	5	971.22	3163	6
Kaiser Senior Adv/Dental ²	323.74	4931	4	647.48	4932	5	971.22	4933	6
PERS Choice Med Supp	360.41	3311	4	720.82	3312	5	1,081.23	3313	6
PERS Select Med Supp	360.41	0811	4	720.82	0812	5	1,081.23	0813	6
PERSCare Med Supp	394.83	3361	4	789.66	3362	5	1,184.49	3363	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	3821	4	598.74	3822	5	898.11	3823	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	3831	4	598.74	3832	5	898.11	3833	6

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**CalPERS 2019 Monthly Premiums for Contracting Agencies
Los Angeles Area Region
Los Angeles, San Bernardino, Ventura**

**Actives and Annuitants
Effective Date: 1/1/2019 - 12/31/2019**

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 Pref Health Only	\$1,235.92	3894	7	\$1,763.01	3895	8	\$1,241.97	3896	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,235.92	1984	7	1,763.01	1985	8	1,241.97	1986	9
Kaiser/Senior Adv	942.38	3424	7	1,313.56	3425	8	1,018.66	3426	9
Kaiser/Senior Adv/Dental ²	942.38	5034	7	1,313.56	5035	8	1,018.66	5036	9
PERS Choice/Med Supp	1,014.91	3474	7	1,407.61	3475	8	1,113.52	3476	9
PERS Select/Med Supp	781.18	3534	7	1,033.64	3535	8	973.28	3536	9
PERSCare/Med Supp	1,238.61	3584	7	1,744.88	3585	8	1,295.93	3586	9
PORAC/Med Supp	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	968.98	3694	7	1,370.75	3695	8	1,000.51	3696	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	968.98	3704	7	1,370.75	3705	8	1,000.51	3706	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem Traditional/ Med Pref Health Only	\$1,235.92	3897	10	\$1,593.36	3898	11	\$1,763.01	3899	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,235.92	1987	10	1,593.36	1988	11	1,763.01	1989	12
Kaiser/Senior Adv	942.38	3427	10	1,266.12	3428	11	1,313.56	3429	12
Kaiser/Senior Adv/Dental ²	942.38	5037	10	1,266.12	5038	11	1,313.56	5039	12
PERS Choice/Med Supp	1,014.91	3477	10	1,375.32	3478	11	1,407.61	3479	12
PERS Select/Med Supp	781.18	3537	10	1,141.59	3538	11	1,033.64	3539	12
PERSCare/Med Supp	1,238.61	3587	10	1,633.44	3588	11	1,744.88	3589	12
PORAC/Med Supp	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	968.98	3697	10	1,268.35	3698	11	1,370.75	3699	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	968.98	3707	10	1,268.35	3708	11	1,370.75	3709	12

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CalPERS 2019 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: 1/1/2019 - 12/31/2019

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	\$866.95	1741	1	\$1,733.90	1742	2	\$2,254.07	1743	3
Anthem HMO Select	592.23	4701	1	1,184.46	4702	2	1,539.80	4703	3
Anthem HMO Traditional	1,334.38	4661	1	2,668.76	4662	2	3,469.39	4663	3
BSC Access+	976.81	3031	1	1,953.62	3032	2	2,539.71	3033	3
BSC EPO	976.81	4821	1	1,953.62	4822	2	2,539.71	4823	3
Kaiser Permanente	783.13	3071	1	1,566.26	3072	2	2,036.14	3073	3
PERS Choice	866.95	3221	1	1,733.90	3222	2	2,254.07	3223	3
PERS Select	511.34	0531	1	1,022.68	0532	2	1,329.48	0533	3
PERSCare	1,085.83	3271	1	2,171.66	3272	2	2,823.16	3273	3
PORAC	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3
Western Health Advantage	696.68	1771	1	1,393.36	1772	2	1,811.37	1773	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 Medicare Preferred Health Only	\$357.44	2681	4	\$714.88	2682	5	\$1,072.32	2683	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	1651	4	714.88	1652	5	1,072.32	1653	6
Kaiser Senior Adv	323.74	3171	4	647.48	3172	5	971.22	3173	6
Kaiser Senior Adv/Dental ²	323.74	4911	4	647.48	4912	5	971.22	4913	6
PERS Choice Med Supp	360.41	3321	4	720.82	3322	5	1,081.23	3323	6
PERS Select Med Supp	360.41	0541	4	720.82	0542	5	1,081.23	0543	6
PERSCare Med Supp	394.83	3371	4	789.66	3372	5	1,184.49	3373	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	3841	4	598.74	3842	5	898.11	3843	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	3851	4	598.74	3852	5	898.11	3853	6

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CalPERS 2019 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: 1/1/2019 - 12/31/2019

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	\$1,227.36	3774	7	\$1,747.53	3775	8	\$1,240.99	3776	9
Anthem Traditional/ Med Pref Health Only	1,691.82	3884	7	2,492.45	3885	8	1,515.51	3886	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,691.82	1974	7	2,492.45	1975	8	1,515.51	1976	9
Kaiser/Senior Adv	1,106.87	3444	7	1,576.75	3445	8	1,117.36	3446	9
Kaiser/Senior Adv/Dental ²	1,106.87	5014	7	1,576.75	5015	8	1,117.36	5016	9
PERS Choice/Med Supp	1,227.36	3494	7	1,747.53	3495	8	1,240.99	3496	9
PERS Select/Med Supp	871.75	3554	7	1,178.55	3555	8	1,027.62	3556	9
PERSCare/Med Supp	1,480.66	3604	7	2,132.16	3605	8	1,441.16	3606	9
PORAC/Med Supp	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,227.36	3777	10	\$1,587.77	3778	11	\$1,747.53	3779	12
Anthem Traditional/ Med Pref Health Only	1,691.82	3887	10	2,049.26	3888	11	2,492.45	3889	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,691.82	1977	10	2,049.26	1978	11	2,492.45	1979	12
Kaiser/Senior Adv	1,106.87	3447	10	1,430.61	3448	11	1,576.75	3449	12
Kaiser/Senior Adv/Dental ²	1,106.87	5017	10	1,430.61	5018	11	1,576.75	5019	12
PERS Choice/Med Supp	1,227.36	3497	10	1,587.77	3498	11	1,747.53	3499	12
PERS Select/Med Supp	871.75	3557	10	1,232.16	3558	11	1,178.55	3559	12
PERSCare/Med Supp	1,480.66	3607	10	1,875.49	3608	11	2,132.16	3609	12
PORAC/Med Supp	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12

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CalPERS 2019 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: 1/1/2019 - 12/31/2019

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	\$625.07	4781	1	\$1,250.14	4782	2	\$1,625.18	4783	3
Anthem HMO Traditional	830.89	4071	1	1,661.78	4072	2	2,160.31	4073	3
BSC Access+	760.04	1421	1	1,520.08	1422	2	1,976.10	1423	3
Health Net Salud y Más	427.81	4121	1	855.62	4122	2	1,112.31	4123	3
Health Net SmartCare	642.71	4141	1	1,285.42	4142	2	1,671.05	4143	3
Kaiser Permanente	628.63	3081	1	1,257.26	3082	2	1,634.44	3083	3
PERS Choice	721.11	3231	1	1,442.22	3232	2	1,874.89	3233	3
PERS Select	462.71	0821	1	925.42	0822	2	1,203.05	0823	3
PERSCare	907.29	3281	1	1,814.58	3282	2	2,358.95	3283	3
PORAC	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3
Sharp	593.66	4201	1	1,187.32	4202	2	1,543.52	4203	3
UnitedHealthcare	646.65	4321	1	1,293.30	4322	2	1,681.29	4323	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 Medicare Preferred Health Only	\$357.44	2591	4	\$714.88	2592	5	\$1,072.32	2593	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	1091	4	714.88	1092	5	1,072.32	1093	6
Kaiser Senior Adv	323.74	3181	4	647.48	3182	5	971.22	3183	6
Kaiser Senior Adv/Dental ²	323.74	4921	4	647.48	4922	5	971.22	4923	6
PERS Choice Med Supp	360.41	3331	4	720.82	3332	5	1,081.23	3333	6
PERS Select Med Supp	360.41	0831	4	720.82	0832	5	1,081.23	0833	6
PERSCare Med Supp	394.83	3381	4	789.66	3382	5	1,184.49	3383	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	3861	4	598.74	3862	5	898.11	3863	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	3871	4	598.74	3872	5	898.11	3873	6

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CalPERS 2019 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: 1/1/2019 - 12/31/2019

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 Pref Health Only	\$1,188.33	3104	7	\$1,686.86	3105	8	\$1,213.41	3106	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,188.33	1694	7	1,686.86	1695	8	1,213.41	1696	9
Kaiser/Senior Adv	952.37	3434	7	1,329.55	3435	8	1,024.66	3436	9
Kaiser/Senior Adv/Dental ²	952.37	5024	7	1,329.55	5025	8	1,024.66	5026	9
PERS Choice/Med Supp	1,081.52	3484	7	1,514.19	3485	8	1,153.49	3486	9
PERS Select/Med Supp	823.12	3544	7	1,100.75	3545	8	998.45	3546	9
PERSCare/Med Supp	1,302.12	3594	7	1,846.49	3595	8	1,334.03	3596	9
PORAC/Med Supp	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	946.02	3734	7	1,334.01	3735	8	986.73	3736	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	946.02	3744	7	1,334.01	3745	8	986.73	3746	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem Traditional/ Med Pref Health Only	\$1,188.33	3107	10	\$1,545.77	3108	11	\$1,686.86	3109	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,188.33	1697	10	1,545.77	1698	11	1,686.86	1699	12
Kaiser/Senior Adv	952.37	3437	10	1,276.11	3438	11	1,329.55	3439	12
Kaiser/Senior Adv/Dental ²	952.37	5027	10	1,276.11	5028	11	1,329.55	5029	12
PERS Choice/Med Supp	1,081.52	3487	10	1,441.93	3488	11	1,514.19	3489	12
PERS Select/Med Supp	823.12	3547	10	1,183.53	3548	11	1,100.75	3549	12
PERSCare/Med Supp	1,302.12	3597	10	1,696.95	3598	11	1,846.49	3599	12
PORAC/Med Supp	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	946.02	3737	10	1,245.39	3738	11	1,334.01	3739	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	946.02	3747	10	1,245.39	3748	11	1,334.01	3749	12

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.

CalPERS 2019 Monthly Premiums for State and Contracting Agencies Out of State Region

Actives and Annuitants
Effective Date: 1/1/2019 - 12/31/2019

Basic Monthly Rate (B)

PLAN	Member Eligibility	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Colorado	State & PA	\$964.68	2521	1	\$1,929.36	2522	2	\$2,508.17	2523	3
Kaiser Georgia	State & PA	964.68	2451	1	1,929.36	2452	2	2,508.17	2453	3
Kaiser Hawaii	State & PA	964.68	2701	1	1,929.36	2702	2	2,508.17	2703	3
Kaiser MidAtlantic	State & PA	964.68	2651	1	1,929.36	2652	2	2,508.17	2653	3
Kaiser Northwest	State & PA	964.68	2191	1	1,929.36	2192	2	2,508.17	2193	3
Kaiser Washington	State & PA	964.68	3921	1	1,929.36	3922	2	2,508.17	3923	3
PERS Choice	PA Only	630.41	3241	1	1,260.82	3242	2	1,639.07	3243	3
PERSCare	PA Only	813.47	3291	1	1,626.94	3292	2	2,115.02	3293	3
PERS Choice	State Only	764.78	2221	1	1,529.56	2222	2	1,988.43	2223	3
PERSCare	State Only	929.89	2781	1	1,859.78	2782	2	2,417.71	2783	3
PORAC	State & PA	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	Member Eligibility	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Sr Adv Colorado	State & PA	\$323.74	2531	4	\$647.48	2532	5	\$971.22	2533	6
Kaiser Sr Adv Georgia	State & PA	323.74	2491	4	647.48	2492	5	971.22	2493	6
Kaiser Sr Adv Hawaii	State & PA	323.74	2141	4	647.48	2142	5	971.22	2143	6
Kaiser Sr Adv MidAtlantic	State & PA	323.74	2611	4	647.48	2612	5	971.22	2613	6
Kaiser Sr Adv Northwest	State & PA	323.74	2691	4	647.48	2692	5	971.22	2693	6
Kaiser Sr Adv Washington	State & PA	323.74	3931	4	647.48	3932	5	971.22	3933	6
PERS Choice Med Supp	PA Only	360.41	3341	4	720.82	3342	5	1,081.23	3343	6
PERSCare Med Supp	PA Only	394.83	3391	4	789.66	3392	5	1,184.49	3393	6
PERS Choice Med Supp	State Only	360.41	2231	4	720.82	2232	5	1,081.23	2233	6
PERSCare Med Supp	State Only	394.83	2791	4	789.66	2792	5	1,184.49	2793	6
PORAC Med Supp	State & PA	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	PA Only	299.37	3631	4	598.74	3632	5	898.11	3633	6
UnitedHealthcare ¹ Grp Med Adv/PPO Health/Dental/Vision	PA Only	299.37	3641	4	598.74	3642	5	898.11	3643	6
UnitedHealthcare Grp Med Adv/PPO Health Only	State Only	299.37	1631	4	598.74	1632	5	898.11	1633	6

¹Dental and Vision coverage is an additional \$27.65 per member per month premium. You will be billed directly for this amount.

CalPERS 2019 Monthly Premiums for State and Contracting Agencies Out of State Region

Actives and Annuitants
Effective Date: 1/1/2019 - 12/31/2019

Combination Monthly Rate

PLAN	Member Eligibility	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
Kaiser/Sr Adv Colorado	State & PA	\$1,288.42	1294	7	\$1,867.23	1295	8	\$1,226.29	1296	9
Kaiser/Sr Adv Georgia	State & PA	1,288.42	1304	7	1,867.23	1305	8	1,226.29	1306	9
Kaiser/Sr Adv Hawaii	State & PA	1,288.42	1374	7	1,867.23	1375	8	1,226.29	1376	9
Kaiser/Sr Adv MidAtlantic	State & PA	1,288.42	1384	7	1,867.23	1385	8	1,226.29	1386	9
Kaiser/Sr Adv Northwest	State & PA	1,288.42	1394	7	1,867.23	1395	8	1,226.29	1396	9
Kaiser/Sr Adv Washington	State & PA	1,288.42	3944	7	1,867.23	3945	8	1,226.29	3946	9
PERS Choice/Med Supp	PA Only	990.82	3504	7	1,369.07	3505	8	1,099.07	3506	9
PERSCare/Med Supp	PA Only	1,208.30	3614	7	1,696.38	3615	8	1,277.74	3616	9
PERS Choice/Med Supp	State Only	1,125.19	1404	7	1,584.06	1405	8	1,179.69	1406	9
PERSCare/Med Supp	State Only	1,324.72	1494	7	1,882.65	1495	8	1,347.59	1496	9
PORAC/Med Supp	State & PA	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	9

Combination Monthly Rate

PLAN	Member Eligibility	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 M 1+ Dependents in B	Plan Code	Party Rate
Kaiser/Sr Adv Colorado	State & PA	\$1,288.42	1297	10	\$1,612.16	1298	11	\$1,867.23	1299	12
Kaiser/Sr Adv Georgia	State & PA	1,288.42	1307	10	1,612.16	1308	11	1,867.23	1309	12
Kaiser/Sr Adv Hawaii	State & PA	1,288.42	1377	10	1,612.16	1378	11	1,867.23	1379	12
Kaiser/Sr Adv MidAtlantic	State & PA	1,288.42	1387	10	1,612.16	1388	11	1,867.23	1389	12
Kaiser/Sr Adv Northwest	State & PA	1,288.42	1397	10	1,612.16	1398	11	1,867.23	1399	12
Kaiser/Sr Adv Washington	State & PA	1,288.42	3947	10	1,612.16	3948	11	1,867.23	3949	12
PERS Choice/Med Supp	PA Only	990.82	3507	10	1,351.23	3508	11	1,369.07	3509	12
PERSCare/Med Supp	PA Only	1,208.30	3617	10	1,603.13	3618	11	1,696.38	3619	12
PERS Choice/Med Supp	State Only	1,125.19	1407	10	1,485.60	1408	11	1,584.06	1409	12
PERSCare/Med Supp	State Only	1,324.72	1497	10	1,719.55	1498	11	1,882.65	1499	12
PORAC/Med Supp	State & PA	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12

CalPERS 2019 Monthly Premiums for Contracting Agencies
Sacramento Area Region
El Dorado, Placer, Sacramento, Yolo

Actives and Annuitants

Effective Date: 1/1/2019 - 12/31/2019

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	\$946.14	4461	1	\$1,892.28	4462	2	\$2,459.96	4463	3
Anthem HMO Traditional	1,178.79	4421	1	2,357.58	4422	2	3,064.85	4423	3
BSC Access+	881.01	1011	1	1,762.02	1012	2	2,290.63	1013	3
Kaiser Permanente	687.99	1031	1	1,375.98	1032	2	1,788.77	1033	3
PERS Choice	798.58	1051	1	1,597.16	1052	2	2,076.31	1053	3
PERS Select	508.68	1251	1	1,017.36	1252	2	1,322.57	1253	3
PERSCare	1,027.99	1211	1	2,055.98	1212	2	2,672.77	1213	3
PORAC	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3
UnitedHealthcare	928.85	4241	1	1,857.70	4242	2	2,415.01	4243	3
Western Health Advantage	696.68	1781	1	1,393.36	1782	2	1,811.37	1783	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 Medicare Preferred Health Only	\$357.44	2771	4	\$714.88	2772	5	\$1,072.32	2773	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	1681	4	714.88	1682	5	1,072.32	1683	6
Kaiser Senior Adv	323.74	1131	4	647.48	1132	5	971.22	1133	6
Kaiser Senior Adv/Dental ²	323.74	4891	4	647.48	4892	5	971.22	4893	6
PERS Choice Med Supp	360.41	1151	4	720.82	1152	5	1,081.23	1153	6
PERS Select Med Supp	360.41	1351	4	720.82	1352	5	1,081.23	1353	6
PERSCare Med Supp	394.83	1311	4	789.66	1312	5	1,184.49	1313	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	3781	4	598.74	3782	5	898.11	3783	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	3791	4	598.74	3792	5	898.11	3793	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.

CalPERS 2019 Monthly Premiums for Contracting Agencies
Sacramento Area Region
El Dorado, Placer, Sacramento, Yolo

Actives and Annuitants

Effective Date: 1/1/2019 - 12/31/2019

Combination Monthly Rate

PLAN	Employee in M 1 Dependent in B	Plan Code	Party	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 Pref Health Only	\$1,536.23	3914	7	\$2,243.50	3915	8	\$1,422.15	3916	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,536.23	2374	7	2,243.50	2375	8	1,422.15	2376	9
Kaiser/Senior Adv	1,011.73	3414	7	1,424.52	3415	8	1,060.27	3416	9
Kaiser/Senior Adv/Dental ²	1,011.73	4994	7	1,424.52	4995	8	1,060.27	4996	9
PERS Choice/Med Supp	1,158.99	3464	7	1,638.14	3465	8	1,199.97	3466	9
PERS Select/Med Supp	869.09	3524	7	1,174.30	3525	8	1,026.03	3526	9
PERSCare/Med Supp	1,422.82	3574	7	2,039.61	3575	8	1,406.45	3576	9
PORAC/Med Supp	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,228.22	3654	7	1,785.53	3655	8	1,156.05	3656	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	1,228.22	3664	7	1,785.53	3665	8	1,156.05	3666	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem Traditional/ Med Pref Health Only	\$1,536.23	3917	10	\$1,893.67	3918	11	\$2,243.50	3919	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,536.23	2377	10	1,893.67	2378	11	2,243.50	2379	12
Kaiser/Senior Adv	1,011.73	3417	10	1,335.47	3418	11	1,424.52	3419	12
Kaiser/Senior Adv/Dental ²	1,011.73	4997	10	1,335.47	4998	11	1,424.52	4999	12
PERS Choice/Med Supp	1,158.99	3467	10	1,519.40	3468	11	1,638.14	3469	12
PERS Select/Med Supp	869.09	3527	10	1,229.50	3528	11	1,174.30	3529	12
PERSCare/Med Supp	1,422.82	3577	10	1,817.65	3578	11	2,039.61	3579	12
PORAC/Med Supp	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,228.22	3657	10	1,527.59	3658	11	1,785.53	3659	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	1,228.22	3667	10	1,527.59	3668	11	1,785.53	3669	12

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³Dental and Vision coverage is an additional \$27.65 per member per month premium. You will be billed directly for this amount.