

**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)**

<b>PLAN</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem HMO Select	\$627.07	413 1	1	\$1,254.14	413 2	2	\$1,630.38	413 3	3
Anthem HMO Traditional	878.48	402 1	1	1,756.96	402 2	2	2,284.05	402 3	3
BSC Access+	669.75	144 1	1	1,339.50	144 2	2	1,741.35	144 3	3
Health Net Salud y Más	356.50	443 1	1	713.00	443 2	2	926.90	443 3	3
Health Net SmartCare	584.27	408 1	1	1,168.54	408 2	2	1,519.10	408 3	3
Kaiser Permanente	618.64	306 1	1	1,237.28	306 2	2	1,608.46	306 3	3
PERS Choice	654.50	321 1	1	1,309.00	321 2	2	1,701.70	321 3	3
PERS Select	420.77	080 1	1	841.54	080 2	2	1,094.00	080 3	3
PERSCare	843.78	326 1	1	1,687.56	326 2	2	2,193.83	326 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
UnitedHealthcare	669.61	428 1	1	1,339.22	428 2	2	1,740.99	428 3	3

**Supplement/Managed Medicare Monthly Rate (M)**

<b>PLAN</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem Medicare Preferred Health Only	\$357.44	271 1	4	\$714.88	271 2	5	\$1,072.32	271 3	6
Anthem Medicare Preferred <sup>1</sup> Health/Dental/Vision	357.44	166 1	4	714.88	166 2	5	1,072.32	166 3	6
Kaiser Senior Adv	323.74	316 1	4	647.48	316 2	5	971.22	316 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	323.74	493 1	4	647.48	493 2	5	971.22	493 3	6
PERS Choice Med Supp	360.41	331 1	4	720.82	331 2	5	1,081.23	331 3	6
PERS Select Med Supp	360.41	081 1	4	720.82	081 2	5	1,081.23	081 3	6
PERSCare Med Supp	394.83	336 1	4	789.66	336 2	5	1,184.49	336 3	6
PORAC Med Supp	513.00	208 1	4	1,022.00	208 2	5	1,635.00	208 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	382 1	4	598.74	382 2	5	898.11	382 3	6
UnitedHealthcare <sup>3</sup> Grp Med Adv/PPO Health/Dental/Vision	299.37	383 1	4	598.74	383 2	5	898.11	383 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**

<b>PLAN</b>	<b>Employee in M 1 Dependent in B</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee in M 2+ Dependents in B</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee in M &amp; 1 Dependent in M 1+ Dependents in B</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem Traditional/ Med Pref Health Only	\$1,235.92	389 4	7	\$1,763.01	389 5	8	\$1,241.97	389 6	9
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	1,235.92	198 4	7	1,763.01	198 5	8	1,241.97	198 6	9
Kaiser/Senior Adv	942.38	342 4	7	1,313.56	342 5	8	1,018.66	342 6	9
Kaiser/Senior Adv/Dental <sup>2</sup>	942.38	503 4	7	1,313.56	503 5	8	1,018.66	503 6	9
PERS Choice/Med Supp	1,014.91	347 4	7	1,407.61	347 5	8	1,113.52	347 6	9
PERS Select/Med Supp	781.18	353 4	7	1,033.64	353 5	8	973.28	353 6	9
PERSCare/Med Supp	1,238.61	358 4	7	1,744.88	358 5	8	1,295.93	358 6	9
PORAC/Med Supp	1,362.00	158 4	7	1,815.00	158 5	8	1,475.00	158 6	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	968.98	369 4	7	1,370.75	369 5	8	1,000.51	369 6	9
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	968.98	370 4	7	1,370.75	370 5	8	1,000.51	370 6	9

**Combination Monthly Rate**

<b>PLAN</b>	<b>Employee in B 1 Dependent in M</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee in B 2+ Dependents in M</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee in B &amp; 1 Dependent in M 1+ Dependents in B</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem Traditional/ Med Pref Health Only	\$1,235.92	389 7	10	\$1,593.36	389 8	11	\$1,763.01	389 9	12
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	1,235.92	198 7	10	1,593.36	198 8	11	1,763.01	198 9	12
Kaiser/Senior Adv	942.38	342 7	10	1,266.12	342 8	11	1,313.56	342 9	12
Kaiser/Senior Adv/Dental <sup>2</sup>	942.38	503 7	10	1,266.12	503 8	11	1,313.56	503 9	12
PERS Choice/Med Supp	1,014.91	347 7	10	1,375.32	347 8	11	1,407.61	347 9	12
PERS Select/Med Supp	781.18	353 7	10	1,141.59	353 8	11	1,033.64	353 9	12
PERSCare/Med Supp	1,238.61	358 7	10	1,633.44	358 8	11	1,744.88	358 9	12
PORAC/Med Supp	1,283.00	158 7	10	1,896.00	158 8	11	1,736.00	158 9	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	968.98	369 7	10	1,268.35	369 8	11	1,370.75	369 9	12
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	968.98	370 7	10	1,268.35	370 8	11	1,370.75	370 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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