

## 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	174 1	1	\$1,733.90	174 2	2	\$2,254.07	174 3	3
Anthem HMO Select	592.23	470 1	1	1,184.46	470 2	2	1,539.80	470 3	3
Anthem HMO Traditional	1,334.38	466 1	1	2,668.76	466 2	2	3,469.39	466 3	3
BSC Access+	976.81	303 1	1	1,953.62	303 2	2	2,539.71	303 3	3
BSC EPO	976.81	482 1	1	1,953.62	482 2	2	2,539.71	482 3	3
Kaiser Permanente	783.13	307 1	1	1,566.26	307 2	2	2,036.14	307 3	3
PERS Choice	866.95	322 1	1	1,733.90	322 2	2	2,254.07	322 3	3
PERS Select	511.34	053 1	1	1,022.68	053 2	2	1,329.48	053 3	3
PERSCare	1,085.83	327 1	1	2,171.66	327 2	2	2,823.16	327 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
Western Health Advantage	696.68	177 1	1	1,393.36	177 2	2	1,811.37	177 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 Medicare Preferred Health Only	\$357.44	268 1	4	\$714.88	268 2	5	\$1,072.32	268 3	6
Anthem Medicare Preferred <sup>1</sup> Health/Dental/Vision	357.44	165 1	4	714.88	165 2	5	1,072.32	165 3	6
Kaiser Senior Adv	323.74	317 1	4	647.48	317 2	5	971.22	317 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	323.74	491 1	4	647.48	491 2	5	971.22	491 3	6
PERS Choice Med Supp	360.41	332 1	4	720.82	332 2	5	1,081.23	332 3	6
PERS Select Med Supp	360.41	054 1	4	720.82	054 2	5	1,081.23	054 3	6
PERSCare Med Supp	394.83	337 1	4	789.66	337 2	5	1,184.49	337 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	384 1	4	598.74	384 2	5	898.11	384 3	6
UnitedHealthcare <sup>3</sup> Grp Med Adv/PPO Health/Dental/Vision	299.37	385 1	4	598.74	385 2	5	898.11	385 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.

## 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			Employee in M 2+ Dependents in B			Employee in M & 1 Dependent in M 1+ Dependents in B		
	Plan Code	Party Rate		Plan Code	Party Rate		Plan Code	Party Rate	
Anthem EPO Del Norte/Med Supp	377 4	7	\$1,227.36	377 5	8	\$1,747.53	377 6	9	\$1,240.99
Anthem Traditional/ Med Pref Health Only	388 4	7	1,691.82	388 5	8	2,492.45	388 6	9	1,515.51
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	197 4	7	1,691.82	197 5	8	2,492.45	197 6	9	1,515.51
Kaiser/Senior Adv	344 4	7	1,106.87	344 5	8	1,576.75	344 6	9	1,117.36
Kaiser/Senior Adv/Dental <sup>2</sup>	501 4	7	1,106.87	501 5	8	1,576.75	501 6	9	1,117.36
PERS Choice/Med Supp	349 4	7	1,227.36	349 5	8	1,747.53	349 6	9	1,240.99
PERS Select/Med Supp	355 4	7	871.75	355 5	8	1,178.55	355 6	9	1,027.62
PERSCare/Med Supp	360 4	7	1,480.66	360 5	8	2,132.16	360 6	9	1,441.16
PORAC/Med Supp	158 4	7	1,362.00	158 5	8	1,815.00	158 6	9	1,475.00

#### Combination Monthly Rate

PLAN	Employee in B 1 Dependent in M			Employee in B 2+ Dependents in M			Employee in B & 1 Dependent in M 1+ Dependents in B		
	Plan Code	Party Rate		Plan Code	Party Rate		Plan Code	Party Rate	
Anthem EPO Del Norte/Med Supp	377 7	10	\$1,227.36	377 8	11	\$1,587.77	377 9	12	\$1,747.53
Anthem Traditional/ Med Pref Health Only	388 7	10	1,691.82	388 8	11	2,049.26	388 9	12	2,492.45
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	197 7	10	1,691.82	197 8	11	2,049.26	197 9	12	2,492.45
Kaiser/Senior Adv	344 7	10	1,106.87	344 8	11	1,430.61	344 9	12	1,576.75
Kaiser/Senior Adv/Dental <sup>2</sup>	501 7	10	1,106.87	501 8	11	1,430.61	501 9	12	1,576.75
PERS Choice/Med Supp	349 7	10	1,227.36	349 8	11	1,587.77	349 9	12	1,747.53
PERS Select/Med Supp	355 7	10	871.75	355 8	11	1,232.16	355 9	12	1,178.55
PERSCare/Med Supp	360 7	10	1,480.66	360 8	11	1,875.49	360 9	12	2,132.16
PORAC/Med Supp	158 7	10	1,283.00	158 8	11	1,896.00	158 9	12	1,736.00

<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.