

CalPERS 2019 Health Premiums - State Only

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	\$764.78	172 1	1	\$1,529.56	172 2	2	\$1,988.43	172 3	3
Anthem HMO Select	742.89	181 1	1	1,485.78	181 2	2	1,931.51	181 3	3
Anthem HMO Traditional	1,034.48	180 1	1	2,068.96	180 2	2	2,689.65	180 3	3
BSC Access+	799.03	141 1	1	1,598.06	141 2	2	2,077.48	141 3	3
BSC EPO	799.03	191 1	1	1,598.06	191 2	2	2,077.48	191 3	3
CAHP	697.46	230 1	1	1,354.01	230 2	2	1,770.92	230 3	3
CCPOA North	754.96	256 1	1	1,513.14	256 2	2	2,042.88	256 3	3
CCPOA South	622.54	266 1	1	1,248.25	266 2	2	1,686.69	266 3	3
Health Net Salud y Más	376.89	184 1	1	753.78	184 2	2	979.91	184 3	3
Health Net SmartCare	728.70	185 1	1	1,457.40	185 2	2	1,894.62	185 3	3
Kaiser Permanente	708.39	056 1	1	1,416.78	056 2	2	1,841.81	056 3	3
PERS Choice	764.78	222 1	1	1,529.56	222 2	2	1,988.43	222 3	3
PERS Select	492.24	045 1	1	984.48	045 2	2	1,279.82	045 3	3
PERSCare	929.89	278 1	1	1,859.78	278 2	2	2,417.71	278 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
Sharp	593.66	189 1	1	1,187.32	189 2	2	1,543.52	189 3	3
UnitedHealthcare	695.77	187 1	1	1,391.54	187 2	2	1,809.00	187 3	3
Western Health Advantage	706.79	176 1	1	1,413.58	176 2	2	1,837.65	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 Medicare Preferred	\$357.44	258 1	4	\$714.88	258 2	5	\$1,072.32	258 3	6
CAHP Med Supp	418.37	231 1	4	772.54	231 2	5	982.26	231 3	6
CCPOA North Med Supp	484.58	257 1	4	971.59	257 2	5	1,453.18	257 3	6
CCPOA South Med Supp	484.58	267 1	4	971.59	267 2	5	1,453.18	267 3	6
Kaiser Permanente Sr Adv	323.74	066 1	4	647.48	066 2	5	971.22	066 3	6
PERS Choice Med Supp	360.41	223 1	4	720.82	223 2	5	1,081.23	223 3	6
PERS Select Med Supp	360.41	046 1	4	720.82	046 2	5	1,081.23	046 3	6
PERSCare Med Supp	394.83	279 1	4	789.66	279 2	5	1,184.49	279 3	6
PORAC Med Supp	513.00	208 1	4	1,022.00	208 2	5	1,635.00	208 3	6
UnitedHealthcare Group Medicare Advantage/PPO	299.37	163 1	4	598.74	163 2	5	898.11	163 3	6

CalPERS 2019 Health Premiums - State Only

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	\$1,125.19	162 4	7	\$1,584.06	162 5	8	\$1,179.69	162 6	9
Anthem Traditional/Med Pref	1,391.92	309 4	7	2,012.61	309 5	8	1,335.57	309 6	9
CAHP/Med Supp	1,074.92	117 4	7	1,491.83	117 5	8	1,189.45	117 6	9
CCPOA North/Med Supp	1,242.76	118 4	7	1,772.50	118 5	8	1,501.33	118 6	9
CCPOA South/Med Supp	1,110.29	119 4	7	1,548.73	119 5	8	1,410.03	119 6	9
Kaiser Permanente/Sr Adv	1,032.13	120 4	7	1,457.16	120 5	8	1,072.51	120 6	9
PERS Choice/Med Supp	1,125.19	140 4	7	1,584.06	140 5	8	1,179.69	140 6	9
PERS Select/Med Supp	852.65	148 4	7	1,147.99	148 5	8	1,016.16	148 6	9
PERSCare/Med Supp	1,324.72	149 4	7	1,882.65	149 5	8	1,347.59	149 6	9
PORAC/Med Supp	1,362.00	158 4	7	1,815.00	158 5	8	1,475.00	158 6	9
UnitedHealthcare/ Group Medicare Advantage/PPO	995.14	164 4	7	1,412.60	164 5	8	1,016.20	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,125.19	162 7	10	\$1,485.60	162 8	11	\$1,584.06	162 9	12
Anthem Traditional/Med Pref	1,391.92	309 7	10	1,749.36	309 8	11	2,012.61	309 9	12
CAHP/Med Supp	1,051.63	117 7	10	1,261.35	117 8	11	1,468.54	117 9	12
CCPOA North/Med Supp	1,241.97	118 7	10	1,723.56	118 8	11	1,771.71	118 9	12
CCPOA South/Med Supp	1,109.55	119 7	10	1,591.14	119 8	11	1,547.99	119 9	12
Kaiser Permanente/Sr Adv	1,032.13	120 7	10	1,355.87	120 8	11	1,457.16	120 9	12
PERS Choice/Med Supp	1,125.19	140 7	10	1,485.60	140 8	11	1,584.06	140 9	12
PERS Select/Med Supp	852.65	148 7	10	1,213.06	148 8	11	1,147.99	148 9	12
PERSCare/Med Supp	1,324.72	149 7	10	1,719.55	149 8	11	1,882.65	149 9	12
PORAC/Med Supp	1,283.00	158 7	10	1,896.00	158 8	11	1,736.00	158 9	12
UnitedHealthcare/ Group Medicare Advantage/PPO	995.14	164 7	10	1,294.51	164 8	11	1,412.60	164 9	12