

CalPERS 2020 Monthly Premiums for State and Contracting Agencies Out of State Region

Actives and Annuitants
Effective Date: 1/1/2020 - 12/31/2020

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 | \$995.19 | 2521 | 1 | \$1,990.38 | 2522 | 2 | \$2,587.49 | 2523 | 3 |
| Kaiser Georgia | State & PA | 995.19 | 2451 | 1 | 1,990.38 | 2452 | 2 | 2,587.49 | 2453 | 3 |
| Kaiser Hawaii | State & PA | 995.19 | 2701 | 1 | 1,990.38 | 2702 | 2 | 2,587.49 | 2703 | 3 |
| Kaiser MidAtlantic | State & PA | 995.19 | 2651 | 1 | 1,990.38 | 2652 | 2 | 2,587.49 | 2653 | 3 |
| Kaiser Northwest | State & PA | 995.19 | 2191 | 1 | 1,990.38 | 2192 | 2 | 2,587.49 | 2193 | 3 |
| Kaiser Washington | State & PA | 995.19 | 3921 | 1 | 1,990.38 | 3922 | 2 | 2,587.49 | 3923 | 3 |
| PERS Choice | PA Only | 709.66 | 3241 | 1 | 1,419.32 | 3242 | 2 | 1,845.12 | 3243 | 3 |
| PERSCare | PA Only | 882.03 | 3291 | 1 | 1,764.06 | 3292 | 2 | 2,293.28 | 3293 | 3 |
| PORAC | State & PA | 899.00 | 1501 | 1 | 1,850.00 | 1502 | 2 | 2,223.00 | 1503 | 3 |
| PERS Choice | State Only | 787.00 | 2221 | 1 | 1,574.00 | 2222 | 2 | 2,046.20 | 2223 | 3 |
| PERSCare | State Only | 989.88 | 2781 | 1 | 1,979.76 | 2782 | 2 | 2,573.69 | 2783 | 3 |
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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 | \$339.43 | 2531 | 4 | \$678.86 | 2532 | 5 | \$1,018.29 | 2533 | 6 |
| Kaiser Sr Adv Georgia | State & PA | 339.43 | 2491 | 4 | 678.86 | 2492 | 5 | 1,018.29 | 2493 | 6 |
| Kaiser Sr Adv Hawaii | State & PA | 339.43 | 2141 | 4 | 678.86 | 2142 | 5 | 1,018.29 | 2143 | 6 |
| Kaiser Sr Adv MidAtlantic | State & PA | 339.43 | 2611 | 4 | 678.86 | 2612 | 5 | 1,018.29 | 2613 | 6 |
| Kaiser Sr Adv Northwest | State & PA | 339.43 | 2691 | 4 | 678.86 | 2692 | 5 | 1,018.29 | 2693 | 6 |
| Kaiser Sr Adv Washington | State & PA | 339.43 | 3931 | 4 | 678.86 | 3932 | 5 | 1,018.29 | 3933 | 6 |
| PERS Choice Med Supp | PA Only | 351.39 | 3341 | 4 | 702.78 | 3342 | 5 | 1,054.17 | 3343 | 6 |
| PERSCare Med Supp | PA Only | 384.78 | 3391 | 4 | 769.56 | 3392 | 5 | 1,154.34 | 3393 | 6 |
| PORAC Med Supp | State & PA | 513.00 | 2501 | 4 | 1,022.00 | 2502 | 5 | 1,635.00 | 2503 | 6 |
| UnitedHealthcare Grp Med Adv/PPO Health Only | PA Only | 327.03 | 3631 | 4 | 654.06 | 3632 | 5 | 981.09 | 3633 | 6 |
| UnitedHealthcare ¹ Grp Med Adv/PPO Health/Dental/Vision | PA Only | 327.03 | 3641 | 4 | 654.06 | 3642 | 5 | 981.09 | 3643 | 6 |
| PERS Choice Med Supp | State Only | 351.39 | 2231 | 4 | 702.78 | 2232 | 5 | 1,054.17 | 2233 | 6 |
| PERSCare Med Supp | State Only | 384.78 | 2791 | 4 | 769.56 | 2792 | 5 | 1,154.34 | 2793 | 6 |
| UnitedHealthcare Grp Med Adv/PPO Health Only | State Only | 327.03 | 1631 | 4 | 654.06 | 1632 | 5 | 981.09 | 1633 | 6 |
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¹Dental and Vision coverage is an additional \$31.65 per member per month premium. You will be billed directly for this amount.

