

CalPERS 2020 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2020

Region 1									
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba									

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Del Norte	\$861.18	504	1	\$1,722.36	504	2	\$2,239.07	504	3
Anthem Blue Cross Select	868.98	506	1	1,737.96	506	2	2,259.35	506	3
Anthem Blue Cross Traditional	1,184.84	509	1	2,369.68	509	2	3,080.58	509	3
Blue Shield Access+	1,127.77	525	1	2,255.54	525	2	2,932.20	525	3
Blue Shield Access+ EPO	1,127.77	524	1	2,255.54	524	2	2,932.20	524	3
Blue Shield Trio*	833.00	451	1	1,666.00	451	2	2,165.80	451	3
Health Net SmartCare	1,000.52	528	1	2,001.04	528	2	2,601.35	528	3
Kaiser Permanente	768.49	533	1	1,536.98	533	2	1,998.07	533	3
PERS Choice	861.18	548	1	1,722.36	548	2	2,239.07	548	3
PERS Select	520.29	557	1	1,040.58	557	2	1,352.75	557	3
PERS Care	1,133.14	566	1	2,266.28	566	2	2,946.16	566	3
Peace Officers Research Assoc of CA	774.00	592	1	1,699.00	592	2	2,199.00	592	3
UnitedHealthcare	899.94	576	1	1,799.88	576	2	2,339.84	576	3
Western Health Advantage	731.96	591	1	1,463.92	591	2	1,903.10	591	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select Medicare Preferred	\$388.15	455	1	\$776.30	455	2	\$1,164.45	455	3
Anthem Blue Cross Select Medicare Preferred with Dental ¹	388.15	459	1	776.30	459	2	1,164.45	459	3
Anthem Blue Cross Medicare Preferred	388.15	515	1	776.30	515	2	1,164.45	515	3
Anthem Blue Cross Medicare Preferred with Dental/Vision ¹	388.15	512	1	776.30	512	2	1,164.45	512	3
Kaiser Permanente Senior Advantage	339.43	536	1	678.86	536	2	1,018.29	536	3
Kaiser Permanente Senior Advantage with Dental ²	339.43	542	1	678.86	542	2	1,018.29	542	3
PERS Choice Medicare Supplement	351.39	551	1	702.78	551	2	1,054.17	551	3
PERS Select Medicare Supplement	351.39	560	1	702.78	560	2	1,054.17	560	3
PERS Care Medicare Supplement	384.78	569	1	769.56	569	2	1,154.34	569	3
Peace Officers Research Assoc of CA Medicare Supplement	513.00	595	1	1,022.00	595	2	1,635.00	595	3
UnitedHealthcare Medicare Advantage	327.03	579	1	654.06	579	2	981.09	579	3
UnitedHealthcare Medicare Advantage with Dental/Vision ³	327.03	585	1	654.06	585	2	981.09	585	3

*Blue Shield is introducing a new HMO health plan called Blue Shield Trio. This plan will be available in El Dorado, Los Angeles, Nevada, Placer, Sacramento and Yolo counties.

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 \$31.65 per member per month premium. You will be billed directly for this amount.

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Combination Monthly Premiums									
Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,212.57	505	4	\$1,729.28	505	5	\$1,219.49	505	6
Anthem Blue Cross Select and Medicare Preferred	1,257.13	457	4	1,778.52	457	5	1,297.69	457	6
Anthem Blue Cross Select and Medicare Preferred with Dental ¹	1,257.13	460	4	1,778.52	460	5	1,297.69	460	6
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,572.99	518	4	2,283.89	518	5	1,487.20	518	6
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,572.99	521	4	2,283.89	521	5	1,487.20	521	6
Kaiser Permanente and Senior Advantage	1,107.92	539	4	1,569.01	539	5	1,139.95	539	6
Kaiser Permanente and Senior Advantage with Dental ²	1,107.92	545	4	1,569.01	545	5	1,139.95	545	6
PERS Choice and Medicare Supplement	1,212.57	554	4	1,729.28	554	5	1,219.49	554	6
PERS Select and Medicare Supplement	871.68	563	4	1,183.85	563	5	1,014.95	563	6
PERS Care and Medicare Supplement	1,517.92	572	4	2,197.80	572	5	1,449.44	572	6
Peace Officers Research Assoc of CA and Medicare Supplement	1,438.00	598	4	1,938.00	598	5	1,522.00	598	6
UnitedHealthcare and Medicare Advantage	1,226.97	582	4	1,766.93	582	5	1,194.02	582	6
UnitedHealthcare and Medicare Advantage with Dental/Vision ³	1,226.97	588	4	1,766.93	588	5	1,194.02	588	6

Combination Monthly Premiums (Continued)									
Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,212.57	505	7	\$1,563.96	505	8	\$1,729.28	505	9
Anthem Blue Cross Select and Medicare Preferred	1,257.13	457	7	1,645.28	457	8	1,778.52	457	9
Anthem Blue Cross Select and Medicare Preferred with Dental	1,257.13	460	7	1,645.28	460	8	1,778.52	460	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,572.99	518	7	1,961.14	518	8	2,283.89	518	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision	1,572.99	521	7	1,961.14	521	8	2,283.89	521	9
Kaiser Permanente and Senior Advantage	1,107.92	539	7	1,447.35	539	8	1,569.01	539	9
Kaiser Permanente and Senior Advantage with Dental	1,107.92	545	7	1,447.35	545	8	1,569.01	545	9
PERS Choice and Medicare Supplement	1,212.57	554	7	1,563.96	554	8	1,729.28	554	9
PERS Select and Medicare Supplement	871.68	563	7	1,223.07	563	8	1,183.85	563	9
PERS Care and Medicare Supplement	1,517.92	572	7	1,902.70	572	8	2,197.80	572	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,283.00	598	7	1,896.00	598	8	1,783.00	598	9
UnitedHealthcare and Medicare Advantage	1,226.97	582	7	1,554.00	582	8	1,766.93	582	9
UnitedHealthcare and Medicare Advantage with Dental/Vision ³	1,226.97	588	7	1,554.00	588	8	1,766.93	588	9

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