P.O. Box 942714

Sacramento, CA 94229-2714

Toll Free: (888) CalPERS (225-7377)

No Voice (916) 326-3240 www.calpers.ca.gov

Telecommunications Device for the Deaf Circular Letter No.:

Distribution:

Reference No.:

600-168-04

June 16, 2004

Special:

Date:

Circular Letter

TO: CONTRACTING AGENCY HEALTH BENEFIT OFFICERS AND ASSISTANT

HEALTH BENEFIT OFFICERS

CONTRACTING AGENCY TERMINATION FROM THE PUBLIC EMPLOYEES' SUBJECT:

MEDICAL AND HOSPITAL CARE ACT

On June 16, 2004, the CalPERS Board of Administration approved and announced the health plan premiums for the 2005 contract year. Attached are the premiums for each of the five regions for contracting agencies.

As allowed by the Public Employees' Medical and Hospital Care Act (PEMHCA) each year after passage of the premiums for the next calendar year, contracting agencies wishing to terminate their participation in PEMHCA may do so by filing a resolution passed by a majority vote of its governing body. The resolution electing to terminate must be filed with:

> Office of Employer and Member Health Services P.O. Box 942714 Sacramento, CA 94229 – 2714

The resolution must be filed no later than 60 days after the Board of Administration approves and announces the health plan premiums for the 2005 contract year. The deadline for receipt of the resolution by CalPERS is August 14, 2004. The termination becomes effective at the end of the current contract year and is irrevocable after the filing of the resolution. Please be aware that regulation 599.515(e), subject to approval of the Office of Administrative Law, extends the re-entry period for eligibility to join PEMHCA from two to five years from the termination date.

If you have any questions about the information contained in this letter, please call our Contracting Agency Marketing Staff at (916) 658-1233.

Sincerely,

Curtis Howard, Chief Office of Employer and Member Health Services

Attachment

CalPERS 2005 Health Premiums - Regional Contracting Agencies Only

Contracting Agencies Omy											
Basic		2004			2005		Percent				
	Single	2-Party	Family	Single	2-Party	Family	Change (+/-)				
Basic Premium Rates - Bay Area/Sacramento											
Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco,											
San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba											
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$389.96	\$779.92	\$1,013.90	23.71%				
Kaiser CA	305.42	610.84	794.09	354.69	709.38	922.19	16.13%				
PERS Choice	349.41	698.82	908.47	369.74	739.48	961.32	5.82%				
PERSCare	544.77	1,089.54	1,416.40	619.93	1,239.86	1,611.82	13.80%				
PORAC	399.00	733.00	931.00	399.00	748.00	950.00	1.80%				
WHA	280.41	560.82	729.07	322.47	644.94	838.42	15.00%				
В	asic Prei	mium Ra	ates - Lo	os Ange	les Area	a					
Basic Premium Rates - Los Angeles Area Los Angeles, San Bernardino, Ventura											
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$287.75	\$575.50	\$748.15	-8.71%				
Kaiser CA	305.42	610.84	794.09	294.78	589.56	766.43	-3.48%				
PERS Choice	349.41	698.82	908.47	344.12	688.24	894.71	-1.51%				
PERSCare	544.77	1,089.54	1,416.40	576.96	1,153.92	1,500.10	5.91%				
PORAC	399.00	733.00	931.00	399.00	748.00	950.00	1.80%				
Basic	Premiur	n Rates	- Other	Southe	rn Calife	ornia					
Basic Premium Rates - Other Southern California											
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare											
			-								
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$323.25	\$646.50	\$840.45	2.54%				
Kaiser CA	305.42	610.84	794.09	308.24	616.48	801.42	0.92%				
PERS Choice	349.41	698.82	908.47	351.44	702.88	913.74	0.58%				
PERSCare	544.77	1,089.54	1,416.40	589.24	1,178.48	1,532.02	8.16%				
PORAC	399.00	733.00	931.00	399.00	748.00	950.00	1.80%				
Basic	Premiur	n Rates	- Other	Northe	rn Califo	ornia					
Alpine, Butte, Calaveras, Co	olusa, Del Norte	e, Glenn, Humi	boldt, Lake, L	assen, Maripo	sa, Mendocir	o, Merced, Mo	odoc, Mono,				
	mas, San Benit						, ,				
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$394.26	\$788.52	\$1,025.08	25.07%				
Kaiser CA	305.42	610.84	794.09	362.58	725.16	942.71	18.72%				
PERS Choice	349.41	698.82	908.47	384.38	768.76	999.39	10.01%				
PERSCare	544.77	1,089.54	1,416.40	644.48	1,288.96	1,675.65	18.30%				
PORAC	399.00	733.00	931.00	399.00	748.00	950.00	1.80%				
WHA	280.41	560.82	729.07	322.47	644.94	838.42	15.00%				
Basic Premium Rates - Out of State											
Kaiser/Out of State	\$426.93	\$853.86	\$1,110.02	\$475.92	\$951.84	\$1,237.39	11.47%				
PERS Choice	349.41	698.82	908.47	402.69	805.38	1,046.99	15.25%				
PERSCare	544.77	1,089.54	1,416.40	675.17	1,350.34	1,755.44	23.94%				
PORAC	399.00	733.00	931.00	399.00	748.00	950.00	1.80%				

Medicare	2004			2005			Percent				
	Single	2-Party	Family	Single	2-Party	Family	Change (+/-)				
Medicare Premium Rates - All Regions											
Blue Shield CA	\$319.97	\$639.94	\$959.91	\$287.78	\$575.56	\$863.34	-10.06%				
Kaiser CA	273.86	547.72	821.58	255.97	511.94	767.91	-6.53%				
Kaiser/Out of State	239.50	479.00	718.50	260.95	521.90	782.85	8.96%				
PERS Choice	305.67	611.34	917.01	279.60	559.20	838.80	-8.53%				
PERSCare	336.07	672.14	1,008.21	289.32	578.64	867.96	-13.91%				
PORAC	351.00	701.00	1,049.00	351.00	701.00	1,049.00	0.00%				
WHA	280.24	560.48	840.72	280.24	560.48	840.72	0.00%				