

CalPERS 2006 Health Premiums - State Only

Effective Date: 1/1/2006 - 12/31/2006

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$385.63	2051	\$771.26	2052	\$1,002.64	2053
CAHP		\$431.74	2301	\$838.15	2302	\$1,096.23	2303
CCPOA (North)		\$368.44	2561	\$736.88	2562	\$994.34	2563
CCPOA (South)		\$304.08	2661	\$608.15	2662	\$821.22	2663
Kaiser (CA)		\$364.93	561	\$729.86	562	\$948.82	563
Kaiser (out-of-state)		\$527.31	*1	\$1,054.62	*2	\$1,371.01	*3
PERS Choice		\$400.58	2221	\$801.16	2222	\$1,041.51	2223
PERSCare		\$673.69	2781	\$1,347.38	2782	\$1,751.59	2783
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		\$354.07	2821	\$708.14	2822	\$920.58	2823

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$286.49	2061	\$572.98	2062	\$859.47	2063
CAHP		\$354.00	2311	\$655.00	2312	\$832.00	2313
CCPOA (North)		\$268.50	2571	\$537.00	2572	\$794.46	2573
CCPOA (South)		\$268.50	2671	\$537.00	2672	\$750.07	2673
Kaiser (CA)		\$218.59	661	\$437.18	662	\$655.77	663
Kaiser (out-of-state)		\$209.99	**1	\$419.98	**2	\$629.97	**3
PERS Choice		\$322.03	2231	\$644.06	2232	\$966.09	2233
PERSCare		\$347.20	2791	\$694.40	2792	\$1,041.60	2793
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		\$277.44	2831	\$554.88	2832	\$832.32	2833

Kaiser Out-of-State	*Basic	**Supplemental	Kaiser Out-of-State	*Basic	**Supplemental
Colorado	252	253	Mid-Atlantic	265	261
Georgia	245	249	Northwest	219	269
Hawaii	270	214	Ohio	262	263

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COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$672.12	2064	\$903.50	2065	\$804.36	2066
CAHP		\$760.41	2314	\$1,018.49	2315	\$913.08	2316
CCPOA (North)		\$636.94	2574	\$894.40	2575	\$794.46	2576
CCPOA (South)		\$572.57	2674	\$785.64	2675	\$750.07	2676
Kaiser (CA)		\$583.52	664	\$802.48	665	\$656.14	666
Kaiser (out-of-state)		\$737.30	**4	\$1,053.69	**5	\$736.37	**6
PERS Choice		\$722.61	2234	\$962.96	2235	\$884.41	2236
PERSCare		\$1,020.89	2794	\$1,425.10	2795	\$1,098.61	2796
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		\$631.51	2834	\$843.95	2835	\$767.32	2836

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$672.12	2067	\$958.61	2068	\$903.50	2069
CAHP		\$732.74	2317	\$909.74	2318	\$990.82	2319
CCPOA (North)		\$636.94	2577	\$894.40	2578	\$894.40	2579
CCPOA (South)		\$572.58	2677	\$785.65	2678	\$785.65	2679
Kaiser (CA)		\$583.52	667	\$802.11	668	\$802.48	669
Kaiser (out-of-state)		\$737.30	**7	\$947.29	**8	\$1,053.69	**9
PERS Choice		\$722.61	2237	\$1,044.64	2238	\$962.96	2239
PERSCare		\$1,020.89	2797	\$1,368.09	2798	\$1,425.10	2799
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		\$631.51	2837	\$908.95	2838	\$843.95	2839

Kaiser Out-of-State	*Basic	**Supplemental	Kaiser Out-of-State	*Basic	**Supplemental
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Hawaii	270	214	Ohio	262	263