

CalPERS 2007 Health Premiums – State Only

Effective Date: 1/1/2007 – 12/31/2007

BASIC MONTHLY RATE (B)

PLAN	If you are ⇒	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$436.11	2051	\$872.22	2052	\$1,133.89	2053
CAHP		520.03	2301	1,009.55	2302	1,320.41	2303
CCPOA (North)		388.62	2561	777.42	2562	1,049.09	2563
CCPOA (South)		320.71	2661	641.58	2662	866.42	2663
Kaiser (CA)		401.69	561	803.38	562	1,044.39	563
Kaiser (out-of-state)		577.82	*1	1,155.64	*2	1,502.33	*3
PERS Choice		450.67	2221	901.34	2222	1,171.74	2223
PERSCare		761.88	2781	1,523.76	2782	1,980.89	2783
PORAC		439.00	2071	822.00	2072	1,045.00	2073
Western Health Advantage		395.85	2821	791.70	2822	1,029.21	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		\$318.95	2061	\$637.90	2062	\$956.85	2063
CAHP		354.00	2311	655.00	2312	832.00	2313
CCPOA (North)		283.17	2571	566.50	2572	846.67	2573
CCPOA (South)		283.17	2671	566.50	2672	846.67	2673
Kaiser (CA)		289.68	661	579.36	662	869.04	663
Kaiser (out-of-state)		271.78	**1	543.56	**2	815.34	**3
PERS Choice		341.75	2231	683.50	2232	1,025.25	2233
PERSCare		371.68	2791	743.36	2792	1,115.04	2793
PORAC		351.00	2081	701.00	2082	1,049.00	2083
Western Health Advantage		296.86	2831	593.72	2832	890.58	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	Plan Code
Blue Shield		\$755.06	2064	\$1,016.73	2065	\$899.57	2066
CAHP		843.52	2314	1,154.38	2315	965.86	2316
CCPOA (North)		671.97	2574	943.64	2575	838.17	2576
CCPOA (South)		604.04	2674	828.88	2675	791.34	2676
Kaiser (CA)		691.37	664	932.38	665	820.37	666
Kaiser (out-of-state)		849.60	**4	1,196.29	**5	890.25	**6
PERS Choice		792.42	2234	1,062.82	2235	953.90	2236
PERSCare		1,133.56	2794	1,590.69	2795	1,200.49	2796
PORAC		734.00	2084	957.00	2085	924.00	2086
Western Health Advantage		692.71	2834	930.22	2835	831.23	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	Plan Code
Blue Shield		\$755.06	2067	\$1,074.01	2068	\$1,016.73	2069
CAHP		821.03	2317	998.03	2318	1,131.89	2319
CCPOA (North)		671.95	2577	952.12	2578	943.62	2579
CCPOA (South)		604.04	2677	884.21	2678	828.88	2679
Kaiser (CA)		691.37	667	981.05	668	932.38	669
Kaiser (out-of-state)		849.60	**7	1,121.38	**8	1,196.29	**9
PERS Choice		792.42	2237	1,134.17	2238	1,062.82	2239
PERSCare		1,133.56	2797	1,505.24	2798	1,590.69	2799
PORAC		789.00	2087	1,137.00	2088	1,012.00	2089
Western Health Advantage		692.71	2837	989.57	2838	930.22	2839

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