

CalPERS 2010 Health Premiums – State Only

Effective Date: 1/1/2010 – 12/31/2010

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$517.09	2051	\$1,034.18	2052	\$1,344.43	2053
Blue Shield Advantage		\$517.09	1411	\$1,034.18	1412	\$1,344.43	1413
Blue Shield NetValue		447.82	0421	895.64	0422	1,164.33	0423
Blue Shield NetValue Advantage		447.82	1461	895.64	1462	1,164.33	1463
CAHP (Subsidized)		458.96	2301	887.10	2302	1,159.22	2303
CCPOA (North)		478.77	2561	958.45	2562	1,293.62	2563
CCPOA (South)		394.98	2661	790.85	2662	1,068.26	2663
Kaiser (CA)		494.99	0561	989.98	0562	1,286.97	0563
Kaiser (out-of-state)		724.69	*1	1,449.38	*2	1,884.19	*3
PERS Choice		487.25	2221	974.50	2222	1,266.85	2223
PERS Select		454.87	0451	909.74	0452	1,182.66	0453
PERSCare		831.50	2781	1,663.00	2782	2,161.90	2783
PORAC		484.00	2071	906.00	2072	1,151.00	2073

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		\$299.53	2061	\$599.06	2062	\$898.59	2063
Blue Shield Advantage		\$299.53	1511	\$599.06	1512	\$898.59	1513
Blue Shield NetValue		299.53	0551	599.06	0552	898.59	0553
Blue Shield NetValue Advantage		299.53	1561	599.06	1562	898.59	1563
CAHP (Subsidized)		354.00	2311	655.00	2312	832.00	2313
CCPOA (North)		314.62	2571	629.76	2572	941.39	2573
CCPOA (South)		314.62	2671	629.76	2672	941.39	2673
Kaiser (CA)		298.36	0661	596.72	0662	895.08	0663
Kaiser (out-of-state)		319.34	**1	638.68	**2	958.02	**3
PERS Choice		356.09	2231	712.18	2232	1,068.27	2233
PERS Select		356.09	0461	712.18	0462	1,068.27	0463
PERSCare		410.60	2791	821.20	2792	1,231.80	2793
PORAC		363.00	2081	723.00	2082	1,157.00	2083

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 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$816.62	2064	\$1,126.87	2065	\$909.31	2066
Blue Shield Advantage		\$816.62	1514	\$1,126.87	1515	\$909.31	1516
Blue Shield NetValue		747.35	0554	1,016.04	0555	867.75	0556
Blue Shield NetValue Advantage		747.35	1564	1,016.04	1565	867.75	1566
CAHP (Subsidized)		921.36	2314	1,219.50	2315	1,015.28	2316
CCPOA (North)		794.30	2574	1,129.47	2575	964.93	2576
CCPOA (South)		710.49	2674	987.90	2675	907.17	2676
Kaiser (CA)		793.35	0664	1,090.34	0665	893.71	0666
Kaiser (out-of-state)		1,044.03	**4	1,478.84	**5	1,073.49	**6
PERS Choice		843.34	2234	1,135.69	2235	1,004.53	2236
PERS Select		810.96	0464	1,083.88	0465	985.10	0466
PERSCare		1,242.10	2794	1,741.00	2795	1,320.10	2796
PORAC		785.00	2084	1,030.00	2085	968.00	2086

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$816.62	2067	\$1,116.15	2068	\$1,126.87	2069
Blue Shield Advantage		\$816.62	1517	\$1,116.15	1518	\$1,126.87	1519
Blue Shield NetValue		747.35	0557	1,046.88	0558	1,016.04	0559
Blue Shield NetValue Advantage		747.35	1567	1,046.88	1568	1,016.04	1569
CAHP (Subsidized)		903.71	2317	1,080.71	2318	1,257.00	2319
CCPOA (North)		793.91	2577	1,105.54	2578	1,129.08	2579
CCPOA (South)		710.12	2677	1,021.75	2678	987.53	2679
Kaiser (CA)		793.35	0667	1,091.71	0668	1,090.34	0669
Kaiser (out-of-state)		1,044.03	**7	1,363.37	**8	1,478.84	**9
PERS Choice		843.34	2237	1,199.43	2238	1,135.69	2239

ATTACHMENT 1A

PERS Select	810.96	0467	1,167.05	0468	1,083.88	0469
PERSCare	1,242.10	2797	1,652.70	2798	1,741.00	2799
PORAC	844.00	2087	1,278.00	2088	1,089.00	2089

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