

# CalPERS 2008 Health Premiums – State Only

Effective Date: 1/1/2008 – 12/31/2008

## BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$479.47	2051	\$958.94	2052	\$1,246.62	2053
Blue Shield NetValue*		\$430.25	0421	\$860.50	0422	\$1,118.65	0423
CAHP (Subsidized)		\$439.96	2301	\$847.10	2302	\$1,105.22	2303
CCPOA (North)		\$426.30	2561	\$853.08	2562	\$1,151.29	2563
CCPOA (South)		\$351.75	2661	\$703.97	2662	\$950.78	2663
Kaiser (CA)		\$436.25	0561	\$872.50	0562	\$1,134.25	0563
Kaiser (out-of-state)		\$625.52	*1	\$1,251.04	*2	\$1,626.35	*3
PERS Choice		\$477.70	2221	\$955.40	2222	\$1,242.02	2223
PERS Select*		\$462.55	0451	\$925.10	0452	\$1,202.63	0453
PERSCare		\$742.41	2781	\$1,484.82	2782	\$1,930.27	2783
PORAC		\$452.00	2071	\$847.00	2072	\$1,076.00	2073

\*Blue Shield NetValue and PERS Select are new high performance physician network plans.

## 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		\$341.44	2061	\$682.88	2062	\$1,024.32	2063
Blue Shield NetValue*		\$304.66	0551	\$609.32	0552	\$913.98	0553
CAHP (Subsidized)		\$354.00	2311	\$655.00	2312	\$832.00	2313
CCPOA (North)		\$293.73	2571	\$587.74	2572	\$878.48	2573
CCPOA (South)		\$293.73	2671	\$587.74	2672	\$878.48	2673
Kaiser (CA)		\$273.36	0661	\$546.72	0662	\$820.08	0663
Kaiser (out-of-state)		\$298.67	**1	\$597.34	**2	\$896.01	**3
PERS Choice		\$349.11	2231	\$698.22	2232	\$1,047.33	2233
PERS Select*		\$349.11	0461	\$698.22	0462	\$1,047.33	0463
PERSCare		\$404.60	2791	\$809.20	2792	\$1,213.80	2793
PORAC		\$308.00	2081	\$614.00	2082	\$983.00	2083

\*Blue Shield NetValue and PERS Select are new high performance physician network plans.

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		\$820.91	2064	\$1,108.59	2065	\$970.56	2066
Blue Shield NetValue*		\$734.91	0554	\$993.06	0555	\$867.47	0556
CAHP (Subsidized)		\$898.50	2314	\$1,146.50	2315	\$1,015.28	2316
CCPOA (North)		\$720.51	2574	\$1,018.72	2575	\$885.95	2576
CCPOA (South)		\$645.95	2674	\$892.76	2675	\$834.55	2676
Kaiser (CA)		\$709.61	0664	\$971.36	0665	\$808.47	0666
Kaiser (out-of-state)		\$924.19	**4	\$1,299.50	**5	\$972.65	**6
PERS Choice		\$826.81	2234	\$1,113.43	2235	\$984.84	2236
PERS Select*		\$811.66	0464	\$1,089.19	0465	\$975.75	0466
PERSCare		\$1,147.01	2794	\$1,592.46	2795	\$1,254.65	2796
PORAC		\$703.00	2084	\$932.00	2085	\$843.00	2086

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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		\$820.91	2067	\$1,162.35	2068	\$1,108.59	2069
Blue Shield NetValue*		\$734.91	0557	\$1,039.57	0558	\$993.06	0559
CAHP (Subsidized)		\$886.00	2317	\$1,080.71	2318	\$1,184.00	2319
CCPOA (North)		\$720.31	2577	\$1,011.05	2578	\$1,018.52	2579
CCPOA (South)		\$645.76	2677	\$936.50	2678	\$892.57	2679
Kaiser (CA)		\$709.61	0667	\$982.97	0668	\$971.36	0669
Kaiser (out-of-state)		\$924.19	**7	\$1,222.86	**8	\$1,299.50	**9
PERS Choice		\$826.81	2237	\$1,175.92	2238	\$1,113.43	2239
PERS Select*		\$811.66	0467	\$1,160.77	0468	\$1,089.19	0469
PERSCare		\$1,147.01	2797	\$1,551.61	2798	\$1,592.46	2799
PORAC		\$758.00	2087	\$1,127.00	2088	\$987.00	2089

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