

# CalPERS 2005 Health Premiums - State Only

**Effective Date: 1/1/2005 - 12/31/2005**

## BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$355.03	2051	\$710.06	2052	\$923.08	2053
CAHP		\$390.22	2301	\$757.55	2302	\$990.81	2303
CCPOA (North)		\$332.00	2741	\$664.00	2742	\$896.00	2743
CCPOA (South)		\$274.00	2841	\$548.00	2842	\$740.00	2843
Kaiser (CA)		\$335.63	0561	\$671.26	0562	\$872.64	0563
Kaiser (out-of-state)		\$475.92	*1	\$951.84	*2	\$1,237.39	*3
PERS Choice		\$366.08	2221	\$732.16	2222	\$951.81	2223
PERSCare		\$613.79	2781	\$1,227.58	2782	\$1,595.85	2783
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		\$322.47	2821	\$644.94	2822	\$838.42	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		\$287.78	2061	\$575.56	2062	\$863.34	2063
CAHP		\$354.00	2311	\$655.00	2312	\$832.00	2313
CCPOA (North)		\$268.50	2751	\$537.00	2752	\$805.50	2753
CCPOA (South)		\$268.50	2851	\$537.00	2852	\$805.50	2853
Kaiser (CA)		\$243.22	0661	\$486.44	0662	\$729.66	0663
Kaiser (out-of-state)		\$260.95	**1	\$521.90	**2	\$782.85	**3
PERS Choice		\$279.60	2231	\$559.20	2232	\$838.80	2233
PERSCare		\$289.32	2791	\$578.64	2792	\$867.96	2793
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		\$280.24	2831	\$560.48	2832	\$840.72	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		\$642.81	2064	\$855.83	2065	\$788.58	2066
CAHP		\$721.33	2314	\$954.59	2315	\$888.26	2316
CCPOA (North)		\$600.50	2754	\$832.50	2755	\$769.00	2756
CCPOA (South)		\$542.50	2854	\$734.50	2855	\$729.00	2856
Kaiser (CA)		\$578.85	0664	\$780.23	0665	\$687.82	0666
Kaiser (out-of-state)		\$736.87	**4	\$1,022.42	**5	\$807.45	**6
PERS Choice		\$645.68	2234	\$865.33	2235	\$778.85	2236
PERSCare		\$903.11	2794	\$1,271.38	2795	\$946.91	2796
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		\$602.71	2834	\$796.19	2835	\$753.96	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		\$642.81	2067	\$930.59	2068	\$855.83	2069
CAHP		\$691.22	2317	\$868.22	2318	\$924.48	2319
CCPOA (North)		\$600.50	2757	\$869.00	2758	\$832.50	2759
CCPOA (South)		\$542.50	2857	\$811.00	2858	\$734.50	2859
Kaiser (CA)		\$578.85	0667	\$822.07	0668	\$780.23	0669
Kaiser (out-of-state)		\$736.87	**7	\$997.82	**8	\$1,022.42	**9
PERS Choice		\$645.68	2237	\$925.28	2238	\$865.33	2239
PERSCare		\$903.11	2797	\$1,192.43	2798	\$1,271.38	2799
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		\$602.71	2837	\$882.95	2838	\$796.19	2839

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