

CalPERS 2019 Monthly Premiums for Contracting Agencies Bay Area Region

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin,
San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba

Actives and Annuitants
Effective Date: 1/1/2019 - 12/31/2019

Basic Monthly Rate (B)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem HMO Select	\$831.44	454 1	1	\$1,662.88	454 2	2	\$2,161.74	454 3	3
Anthem HMO Traditional	1,111.13	450 1	1	2,222.26	450 2	2	2,888.94	450 3	3
BSC Access+	970.90	102 1	1	1,941.80	102 2	2	2,524.34	102 3	3
HealthNet SmartCare	901.55	375 1	1	1,803.10	375 2	2	2,344.03	375 3	3
Kaiser Permanente	768.25	104 1	1	1,536.50	104 2	2	1,997.45	104 3	3
PERS Choice	866.27	106 1	1	1,732.54	106 2	2	2,252.30	106 3	3
PERS Select	543.19	126 1	1	1,086.38	126 2	2	1,412.29	126 3	3
PERSCare	1,131.68	122 1	1	2,263.36	122 2	2	2,942.37	122 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
Western Health Advantage	767.01	179 1	1	1,534.02	179 2	2	1,994.23	179 3	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem Medicare Preferred Health Only	\$357.44	276 1	4	\$714.88	276 2	5	\$1,072.32	276 3	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	167 1	4	714.88	167 2	5	1,072.32	167 3	6
Kaiser Senior Adv	323.74	114 1	4	647.48	114 2	5	971.22	114 3	6
Kaiser Senior Adv/Dental ²	323.74	490 1	4	647.48	490 2	5	971.22	490 3	6
PERS Choice Med Supp	360.41	116 1	4	720.82	116 2	5	1,081.23	116 3	6
PERS Select Med Supp	360.41	136 1	4	720.82	136 2	5	1,081.23	136 3	6
PERSCare Med Supp	394.83	132 1	4	789.66	132 2	5	1,184.49	132 3	6
PORAC Med Supp	513.00	208 1	4	1,022.00	208 2	5	1,635.00	208 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	380 1	4	598.74	380 2	5	898.11	380 3	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	381 1	4	598.74	381 2	5	898.11	381 3	6

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$27.65 per member per month premium. You will be billed directly for this amount.

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Combination Monthly Rate

PLAN	Employee in M 1 Dependent in B			Employee in M 2+ Dependents in B			Employee in M & 1 Dependent in M 1+ Dependents in B		
	Plan Code	Party Rate		Plan Code	Party Rate		Plan Code	Party Rate	
Anthem Traditional/ Med Pref Health Only	390 4	7	\$1,468.57	390 5	8	\$2,135.25	390 6	9	\$1,381.56
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	234 4	7	1,468.57	234 5	8	2,135.25	234 6	9	1,381.56
Kaiser/Senior Adv	340 4	7	1,091.99	340 5	8	1,552.94	340 6	9	1,108.43
Kaiser/Senior Adv/Dental ²	500 4	7	1,091.99	500 5	8	1,552.94	500 6	9	1,108.43
PERS Choice/Med Supp	345 4	7	1,226.68	345 5	8	1,746.44	345 6	9	1,240.58
PERS Select/Med Supp	351 4	7	903.60	351 5	8	1,229.51	351 6	9	1,046.73
PERSCare/Med Supp	356 4	7	1,526.51	356 5	8	2,205.52	356 6	9	1,468.67
PORAC/Med Supp	158 4	7	1,362.00	158 5	8	1,815.00	158 6	9	1,475.00

Combination Monthly Rate

PLAN	Employee in B 1 Dependent in M			Employee in B 2+ Dependents in M			Employee in B & 1 Dependent in M 1+ Dependents in B		
	Plan Code	Party Rate		Plan Code	Party Rate		Plan Code	Party Rate	
Anthem Traditional/ Med Pref Health Only	390 7	10	\$1,468.57	390 8	11	\$1,826.01	390 9	12	\$2,135.25
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	234 7	10	1,468.57	234 8	11	1,826.01	234 9	12	2,135.25
Kaiser/Senior Adv	340 7	10	1,091.99	340 8	11	1,415.73	340 9	12	1,552.94
Kaiser/Senior Adv/Dental ²	500 7	10	1,091.99	500 8	11	1,415.73	500 9	12	1,552.94
PERS Choice/Med Supp	345 7	10	1,226.68	345 8	11	1,587.09	345 9	12	1,746.44
PERS Select/Med Supp	351 7	10	903.60	351 8	11	1,264.01	351 9	12	1,229.51
PERSCare/Med Supp	356 7	10	1,526.51	356 8	11	1,921.34	356 9	12	2,205.52
PORAC/Med Supp	158 7	10	1,283.00	158 8	11	1,896.00	158 9	12	1,736.00

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