

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	4541	1	\$1,662.88	4542	2	\$2,161.74	4543	3
Anthem HMO Traditional	1,111.13	4501	1	2,222.26	4502	2	2,888.94	4503	3
BSC Access+	970.90	1021	1	1,941.80	1022	2	2,524.34	1023	3
HealthNet SmartCare	901.55	3751	1	1,803.10	3752	2	2,344.03	3753	3
Kaiser Permanente	768.25	1041	1	1,536.50	1042	2	1,997.45	1043	3
PERS Choice	866.27	1061	1	1,732.54	1062	2	2,252.30	1063	3
PERS Select	543.19	1261	1	1,086.38	1262	2	1,412.29	1263	3
PERSCare	1,131.68	1221	1	2,263.36	1222	2	2,942.37	1223	3
PORAC	774.00	2071	1	1,623.00	2072	2	2,076.00	2073	3
Western Health Advantage	767.01	1791	1	1,534.02	1792	2	1,994.23	1793	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	2761	4	\$714.88	2762	5	\$1,072.32	2763	6
Anthem Medicare Preferred ¹ Health/Dental/Vision	357.44	1671	4	714.88	1672	5	1,072.32	1673	6
Kaiser Senior Adv	323.74	1141	4	647.48	1142	5	971.22	1143	6
Kaiser Senior Adv/Dental ²	323.74	4901	4	647.48	4902	5	971.22	4903	6
PERS Choice Med Supp	360.41	1161	4	720.82	1162	5	1,081.23	1163	6
PERS Select Med Supp	360.41	1361	4	720.82	1362	5	1,081.23	1363	6
PERSCare Med Supp	394.83	1321	4	789.66	1322	5	1,184.49	1323	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	3801	4	598.74	3802	5	898.11	3803	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	3811	4	598.74	3812	5	898.11	3813	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	Plan Code	Party Rate	Employee in M 2+ Dependents in B	Plan Code	Party Rate	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Rate
Anthem Traditional/ Med Pref Health Only	\$1,468.57	3904	7	\$2,135.25	3905	8	\$1,381.56	3906	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,468.57	2344	7	2,135.25	2345	8	1,381.56	2346	9
Kaiser/Senior Adv	1,091.99	3404	7	1,552.94	3405	8	1,108.43	3406	9
Kaiser/Senior Adv/Dental ²	1,091.99	5004	7	1,552.94	5005	8	1,108.43	5006	9
PERS Choice/Med Supp	1,226.68	3454	7	1,746.44	3455	8	1,240.58	3456	9
PERS Select/Med Supp	903.60	3514	7	1,229.51	3515	8	1,046.73	3516	9
PERSCare/Med Supp	1,526.51	3564	7	2,205.52	3565	8	1,468.67	3566	9
PORAC/Med Supp	1,362.00	1584	7	1,815.00	1585	8	1,475.00	1586	9

Combination Monthly Rate

PLAN	Employee in B 1 Dependent in M	Plan Code	Party Rate	Employee in B 2+ Dependents in M	Plan Code	Party Rate	Employee in B & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Rate
Anthem Traditional/ Med Pref Health Only	\$1,468.57	3907	10	\$1,826.01	3908	11	\$2,135.25	3909	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,468.57	2347	10	1,826.01	2348	11	2,135.25	2349	12
Kaiser/Senior Adv	1,091.99	3407	10	1,415.73	3408	11	1,552.94	3409	12
Kaiser/Senior Adv/Dental ²	1,091.99	5007	10	1,415.73	5008	11	1,552.94	5009	12
PERS Choice/Med Supp	1,226.68	3457	10	1,587.09	3458	11	1,746.44	3459	12
PERS Select/Med Supp	903.60	3517	10	1,264.01	3518	11	1,229.51	3519	12
PERSCare/Med Supp	1,526.51	3567	10	1,921.34	3568	11	2,205.52	3569	12
PORAC/Med Supp	1,283.00	1587	10	1,896.00	1588	11	1,736.00	1589	12

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