

**CalPERS 2019 Monthly Premiums for Contracting Agencies  
Sacramento Area Region  
El Dorado, Placer, Sacramento, Yolo**

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

**Basic Monthly Rate (B)**

<b>PLAN</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem HMO Select	\$946.14	446 1	1	\$1,892.28	446 2	2	\$2,459.96	446 3	3
Anthem HMO Traditional	1,178.79	442 1	1	2,357.58	442 2	2	3,064.85	442 3	3
BSC Access+	881.01	101 1	1	1,762.02	101 2	2	2,290.63	101 3	3
Kaiser Permanente	687.99	103 1	1	1,375.98	103 2	2	1,788.77	103 3	3
PERS Choice	798.58	105 1	1	1,597.16	105 2	2	2,076.31	105 3	3
PERS Select	508.68	125 1	1	1,017.36	125 2	2	1,322.57	125 3	3
PERSCare	1,027.99	121 1	1	2,055.98	121 2	2	2,672.77	121 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
UnitedHealthcare	928.85	424 1	1	1,857.70	424 2	2	2,415.01	424 3	3
Western Health Advantage	696.68	178 1	1	1,393.36	178 2	2	1,811.37	178 3	3

**Supplement/Managed Medicare Monthly Rate (M)**

<b>PLAN</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem Medicare Preferred Health Only	\$357.44	277 1	4	\$714.88	277 2	5	\$1,072.32	277 3	6
Anthem Medicare Preferred <sup>1</sup> Health/Dental/Vision	357.44	168 1	4	714.88	168 2	5	1,072.32	168 3	6
Kaiser Senior Adv	323.74	113 1	4	647.48	113 2	5	971.22	113 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	323.74	489 1	4	647.48	489 2	5	971.22	489 3	6
PERS Choice Med Supp	360.41	115 1	4	720.82	115 2	5	1,081.23	115 3	6
PERS Select Med Supp	360.41	135 1	4	720.82	135 2	5	1,081.23	135 3	6
PERSCare Med Supp	394.83	131 1	4	789.66	131 2	5	1,184.49	131 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	378 1	4	598.74	378 2	5	898.11	378 3	6
UnitedHealthcare <sup>3</sup> Grp Med Adv/PPO Health/Dental/Vision	299.37	379 1	4	598.74	379 2	5	898.11	379 3	6

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

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

<sup>3</sup>Dental 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**

<b>PLAN</b>	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	\$1,536.23	391 4	7	\$2,243.50	391 5	8	\$1,422.15	391 6	9
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	1,536.23	237 4	7	2,243.50	237 5	8	1,422.15	237 6	9
Kaiser/Senior Adv	1,011.73	341 4	7	1,424.52	341 5	8	1,060.27	341 6	9
Kaiser/Senior Adv/Dental <sup>2</sup>	1,011.73	499 4	7	1,424.52	499 5	8	1,060.27	499 6	9
PERS Choice/Med Supp	1,158.99	346 4	7	1,638.14	346 5	8	1,199.97	346 6	9
PERS Select/Med Supp	869.09	352 4	7	1,174.30	352 5	8	1,026.03	352 6	9
PERSCare/Med Supp	1,422.82	357 4	7	2,039.61	357 5	8	1,406.45	357 6	9
PORAC/Med Supp	1,362.00	158 4	7	1,815.00	158 5	8	1,475.00	158 6	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,228.22	365 4	7	1,785.53	365 5	8	1,156.05	365 6	9
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	1,228.22	366 4	7	1,785.53	366 5	8	1,156.05	366 6	9

**Combination Monthly Rate**

<b>PLAN</b>	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	\$1,536.23	391 7	10	\$1,893.67	391 8	11	\$2,243.50	391 9	12
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	1,536.23	237 7	10	1,893.67	237 8	11	2,243.50	237 9	12
Kaiser/Senior Adv	1,011.73	341 7	10	1,335.47	341 8	11	1,424.52	341 9	12
Kaiser/Senior Adv/Dental <sup>2</sup>	1,011.73	499 7	10	1,335.47	499 8	11	1,424.52	499 9	12
PERS Choice/Med Supp	1,158.99	346 7	10	1,519.40	346 8	11	1,638.14	346 9	12
PERS Select/Med Supp	869.09	352 7	10	1,229.50	352 8	11	1,174.30	352 9	12
PERSCare/Med Supp	1,422.82	357 7	10	1,817.65	357 8	11	2,039.61	357 9	12
PORAC/Med Supp	1,283.00	158 7	10	1,896.00	158 8	11	1,736.00	158 9	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,228.22	365 7	10	1,527.59	365 8	11	1,785.53	365 9	12
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	1,228.22	366 7	10	1,527.59	366 8	11	1,785.53	366 9	12

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

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