

CalPERS 2018 Monthly Premiums for State and Contracting Agencies Out of State Region

Actives and Annuitants
Effective Date: 1/1/2018 - 12/31/2018

Basic Monthly Rate (B)

PLAN	Member Eligibility	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Colorado	State & PA	\$957.05	252 1	1	\$1,914.10	252 2	2	\$2,488.33	252 3	3
Kaiser Georgia	State & PA	957.05	245 1	1	1,914.10	245 2	2	2,488.33	245 3	3
Kaiser Hawaii	State & PA	957.05	270 1	1	1,914.10	270 2	2	2,488.33	270 3	3
Kaiser MidAtlantic	State & PA	957.05	265 1	1	1,914.10	265 2	2	2,488.33	265 3	3
Kaiser Northwest	State & PA	957.05	219 1	1	1,914.10	219 2	2	2,488.33	219 3	3
PERS Choice	PA Only	661.45	324 1	1	1,322.90	324 2	2	1,719.77	324 3	3
PERSCare	PA Only	718.98	329 1	1	1,437.96	329 2	2	1,869.35	329 3	3
PORAC	State & PA	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	Member Eligibility	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Sr Adv Colorado	State & PA	\$316.34	253 1	4	\$632.68	253 2	5	\$949.02	253 3	6
Kaiser Sr Adv Georgia	State & PA	316.34	249 1	4	632.68	249 2	5	949.02	249 3	6
Kaiser Sr Adv Hawaii	State & PA	316.34	214 1	4	632.68	214 2	5	949.02	214 3	6
Kaiser Sr Adv MidAtlantic	State & PA	316.34	261 1	4	632.68	261 2	5	949.02	261 3	6
Kaiser Sr Adv Northwest	State & PA	316.34	269 1	4	632.68	269 2	5	949.02	269 3	6
PERS Choice Med Supp	PA Only	345.97	334 1	4	691.94	334 2	5	1,037.91	334 3	6
PERSCare Med Supp	PA Only	382.30	339 1	4	764.60	339 2	5	1,146.90	339 3	6
PORAC Med Supp	State & PA	487.00	208 1	4	970.00	208 2	5	1,551.00	208 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	PA Only	330.76	363 1	4	661.52	363 2	5	992.28	363 3	6
UnitedHealthcare ¹ Grp Med Adv/PPO Health/Dental/Vision	PA Only	330.76	364 1	4	661.52	364 2	5	992.28	364 3	6

¹Dental 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	Member Eligibility	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
Kaiser/Sr Adv Colorado	State & PA	\$1,273.39	129 4	7	\$1,847.62	129 5	8	\$1,206.91	129 6	9
Kaiser/Sr Adv Georgia	State & PA	1,273.39	130 4	7	1,847.62	130 5	8	1,206.91	130 6	9
Kaiser/Sr Adv Hawaii	State & PA	1,273.39	137 4	7	1,847.62	137 5	8	1,206.91	137 6	9
Kaiser/Sr Adv MidAtlantic	State & PA	1,273.39	138 4	7	1,847.62	138 5	8	1,206.91	138 6	9
Kaiser/Sr Adv Northwest	State & PA	1,273.39	139 4	7	1,847.62	139 5	8	1,206.91	139 6	9
PERS Choice/Med Supp	PA Only	1,007.42	350 4	7	1,404.29	350 5	8	1,088.81	350 6	9
PERSCare/Med Supp	PA Only	1,101.28	361 4	7	1,532.67	361 5	8	1,195.99	361 6	9
PORAC/Med Supp	State & PA	1,293.00	158 4	7	1,723.00	158 5	8	1,400.00	158 6	9

Combination Monthly Rate

PLAN	Member Eligibility	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 B 1+ Dependents in M	Plan Code	Party Rate
Kaiser/Sr Adv Colorado	State & PA	\$1,273.39	129 7	10	\$1,589.73	129 8	11	\$1,847.62	129 9	12
Kaiser/Sr Adv Georgia	State & PA	1,273.39	130 7	10	1,589.73	130 8	11	1,847.62	130 9	12
Kaiser/Sr Adv Hawaii	State & PA	1,273.39	137 7	10	1,589.73	137 8	11	1,847.62	137 9	12
Kaiser/Sr Adv MidAtlantic	State & PA	1,273.39	138 7	10	1,589.73	138 8	11	1,847.62	138 9	12
Kaiser/Sr Adv Northwest	State & PA	1,273.39	139 7	10	1,589.73	139 8	11	1,847.62	139 9	12
PERS Choice/Med Supp	PA Only	1,007.42	350 7	10	1,353.39	350 8	11	1,404.29	350 9	12
PERSCare/Med Supp	PA Only	1,101.28	361 7	10	1,483.58	361 8	11	1,532.67	361 9	12
PORAC/Med Supp	State & PA	1,217.00	158 7	10	1,798.00	158 8	11	1,647.00	158 9	12