

2019 BRIDGE-TO-MEDICARE SUBSIDY RATES

BRIDGE TO MEDICARE PLAN	POST '97 RETIREES - SUBSIDY	
2019 SUBSIDY RATES	MEMBER ONLY	MEMBER + SP/DP
ACE	\$400.00	\$800.00
AMA	\$451.00	\$902.00
CONFIDENTIALS	\$400.00	\$800.00
CSEA	\$400.00	\$800.00
FA (FACULTY)	\$400.00	\$800.00
FA (CHILD DEVELOPMENT)	\$400.00	\$800.00
FHDA-POA	\$400.00	\$800.00
TEAMSTERS	\$400.00	\$800.00

IMPORTANT: COVERAGE ENDS AS RETIREE REACHES HIS/HER 65th B-DAY OR MEDICARE-ELIGIBLE

BRIDGE TO MEDICARE PLAN						ACE/CONFIDENTIALS/CSEA/FA/FA-Child Development/POA/Teamsters	AMA		
CalPERS BASIC MONTHLY RATE	PARTY CODE	PLAN CODE	*Monthly MEDICAL Premium	**Monthly DENTAL & VISION Premium	COMBINED MEDICAL & DENTAL/VISION COST	LESS: Subsidy Amt	Net Cost to Retiree Medical/Dental/Vision	LESS: Subsidy Amt	Net Cost to Retiree Medical/Dental/Vision
PERSCare									
Member Only	1	122	\$1,131.68	\$69.50	\$1,201.18	(\$400.00)	\$801.18	(\$451.00)	\$750.18
Member + SP/DP	2	122	\$2,263.36	\$139.01	\$2,402.37	(\$800.00)	\$1,602.37	(\$902.00)	\$1,500.37
PERS Choice									
Member Only	1	106	\$866.27	\$69.50	\$935.77	(\$400.00)	\$535.77	(\$451.00)	\$484.77
Member + SP/DP	2	106	\$1,732.54	\$139.01	\$1,871.55	(\$800.00)	\$1,071.55	(\$902.00)	\$969.55
PERS Select									
Member Only	1	126	\$543.19	\$69.50	\$612.69	(\$400.00)	\$212.69	(\$451.00)	\$161.69
Member + SP/DP	2	126	\$1,086.38	\$139.01	\$1,225.39	(\$800.00)	\$425.39	(\$902.00)	\$323.39
Anthem Select HMO									
Member Only	1	454	\$831.44	\$69.50	\$900.94	(\$400.00)	\$500.94	(\$451.00)	\$449.94
Member + SP/DP	2	454	\$1,662.88	\$139.01	\$1,801.89	(\$800.00)	\$1,001.89	(\$902.00)	\$899.89
Anthem Traditional HMO									
Member Only	1	450	\$1,111.13	\$69.50	\$1,180.63	(\$400.00)	\$780.63	(\$451.00)	\$729.63
Member + SP/DP	2	450	\$2,222.26	\$139.01	\$2,361.27	(\$800.00)	\$1,561.27	(\$902.00)	\$1,459.27
Kaiser									
Member Only	1	104	\$768.25	\$69.50	\$837.75	(\$400.00)	\$437.75	(\$451.00)	\$386.75
Member + SP/DP	2	104	\$1,536.50	\$139.01	\$1,675.51	(\$800.00)	\$875.51	(\$902.00)	\$773.51
Health Net SmartCare HMO									
Member Only	1	375	\$901.55	\$69.50	\$971.05	(\$400.00)	\$571.05	(\$451.00)	\$520.05
Member + SP/DP	2	375	\$1,803.10	\$139.01	\$1,942.11	(\$800.00)	\$1,142.11	(\$902.00)	\$1,040.11
Health Net Salud HMO y Mas (Based on LA rates)									
Member Only	1	443	\$404.32	\$69.50	\$473.82	(\$400.00)	\$73.82	(\$451.00)	\$22.82
Member + SP/DP	2	443	\$808.64	\$139.01	\$947.65	(\$800.00)	\$147.65	(\$902.00)	\$45.65
PORAC PLAN (Police Officers)									
Member Only	1	207	\$1,131.68	\$69.50	\$1,201.18	(\$400.00)	\$801.18	(\$451.00)	\$750.18
Member + SP/DP	2	207	\$2,263.36	\$139.01	\$2,402.37	(\$800.00)	\$1,602.37	(\$902.00)	\$1,500.37
SHARP HMO (San Diego County Only)									
Member Only	1	420	\$593.66	\$69.50	\$663.16	(\$400.00)	\$263.16	(\$451.00)	\$212.16
Member + SP/DP	2	420	\$1,187.32	\$139.01	\$1,326.33	(\$800.00)	\$526.33	(\$902.00)	\$424.33
Western Health Advantage									
Member Only	1	179	\$767.01	\$69.50	\$836.51	(\$400.00)	\$436.51	(\$451.00)	\$385.51
Member + SP/DP	2	179	\$1,534.02	\$139.01	\$1,673.03	(\$800.00)	\$873.03	(\$902.00)	\$771.03

*Medical premium is collected by CalPERS

**Dental and Vision premium is collected by FHDA