

## CalPERS 2019 Monthly Premiums for Contracting Agencies Other Southern California Region

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo,  
Santa Barbara, Tulare

### 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	\$625.07	478 1	1	\$1,250.14	478 2	2	\$1,625.18	478 3	3
Anthem HMO Traditional	830.89	407 1	1	1,661.78	407 2	2	2,160.31	407 3	3
BSC Access+	760.04	142 1	1	1,520.08	142 2	2	1,976.10	142 3	3
Health Net Salud y Más	427.81	412 1	1	855.62	412 2	2	1,112.31	412 3	3
Health Net SmartCare	642.71	414 1	1	1,285.42	414 2	2	1,671.05	414 3	3
Kaiser Permanente	628.63	308 1	1	1,257.26	308 2	2	1,634.44	308 3	3
PERS Choice	721.11	323 1	1	1,442.22	323 2	2	1,874.89	323 3	3
PERS Select	462.71	082 1	1	925.42	082 2	2	1,203.05	082 3	3
PERSCare	907.29	328 1	1	1,814.58	328 2	2	2,358.95	328 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
Sharp	593.66	420 1	1	1,187.32	420 2	2	1,543.52	420 3	3
UnitedHealthcare	646.65	432 1	1	1,293.30	432 2	2	1,681.29	432 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	259 1	4	\$714.88	259 2	5	\$1,072.32	259 3	6
Anthem Medicare Preferred <sup>1</sup> Health/Dental/Vision	357.44	109 1	4	714.88	109 2	5	1,072.32	109 3	6
Kaiser Senior Adv	323.74	318 1	4	647.48	318 2	5	971.22	318 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	323.74	492 1	4	647.48	492 2	5	971.22	492 3	6
PERS Choice Med Supp	360.41	333 1	4	720.82	333 2	5	1,081.23	333 3	6
PERS Select Med Supp	360.41	083 1	4	720.82	083 2	5	1,081.23	083 3	6
PERSCare Med Supp	394.83	338 1	4	789.66	338 2	5	1,184.49	338 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	386 1	4	598.74	386 2	5	898.11	386 3	6
UnitedHealthcare <sup>3</sup> Grp Med Adv/PPO Health/Dental/Vision	299.37	387 1	4	598.74	387 2	5	898.11	387 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

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	\$1,188.33	310 4	7	\$1,686.86	310 5	8	\$1,213.41	310 6	9
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	1,188.33	169 4	7	1,686.86	169 5	8	1,213.41	169 6	9
Kaiser/Senior Adv	952.37	343 4	7	1,329.55	343 5	8	1,024.66	343 6	9
Kaiser/Senior Adv/Dental <sup>2</sup>	952.37	502 4	7	1,329.55	502 5	8	1,024.66	502 6	9
PERS Choice/Med Supp	1,081.52	348 4	7	1,514.19	348 5	8	1,153.49	348 6	9
PERS Select/Med Supp	823.12	354 4	7	1,100.75	354 5	8	998.45	354 6	9
PERSCare/Med Supp	1,302.12	359 4	7	1,846.49	359 5	8	1,334.03	359 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	946.02	373 4	7	1,334.01	373 5	8	986.73	373 6	9
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	946.02	374 4	7	1,334.01	374 5	8	986.73	374 6	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	\$1,188.33	310 7	10	\$1,545.77	310 8	11	\$1,686.86	310 9	12
Anthem Traditional <sup>1</sup> / Med Pref Health/Dental/Vision	1,188.33	169 7	10	1,545.77	169 8	11	1,686.86	169 9	12
Kaiser/Senior Adv	952.37	343 7	10	1,276.11	343 8	11	1,329.55	343 9	12
Kaiser/Senior Adv/Dental <sup>2</sup>	952.37	502 7	10	1,276.11	502 8	11	1,329.55	502 9	12
PERS Choice/Med Supp	1,081.52	348 7	10	1,441.93	348 8	11	1,514.19	348 9	12
PERS Select/Med Supp	823.12	354 7	10	1,183.53	354 8	11	1,100.75	354 9	12
PERSCare/Med Supp	1,302.12	359 7	10	1,696.95	359 8	11	1,846.49	359 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	946.02	373 7	10	1,245.39	373 8	11	1,334.01	373 9	12
UnitedHealthcare <sup>3</sup> / Grp Med Adv/PPO Health/Dental/Vision	946.02	374 7	10	1,245.39	374 8	11	1,334.01	374 9	12

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