

## CalPERS 2020 Monthly Premiums for State and Contracting Agencies Out of State Region

**Actives and Annuitants**  
Effective Date: 1/1/2020 - 12/31/2020

### 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	\$995.19	2521	1	\$1,990.38	2522	2	\$2,587.49	2523	3
Kaiser Georgia	State & PA	995.19	2451	1	1,990.38	2452	2	2,587.49	2453	3
Kaiser Hawaii	State & PA	995.19	2701	1	1,990.38	2702	2	2,587.49	2703	3
Kaiser MidAtlantic	State & PA	995.19	2651	1	1,990.38	2652	2	2,587.49	2653	3
Kaiser Northwest	State & PA	995.19	2191	1	1,990.38	2192	2	2,587.49	2193	3
Kaiser Washington	State & PA	995.19	3921	1	1,990.38	3922	2	2,587.49	3923	3
PERS Choice	PA Only	709.66	3241	1	1,419.32	3242	2	1,845.12	3243	3
PERSCare	PA Only	882.03	3291	1	1,764.06	3292	2	2,293.28	3293	3
PORAC Out of State	PA Only	899.00	1501	1	1,850.00	1502	2	2,223.00	1503	3
PERS Choice	State Only	787.00	2221	1	1,574.00	2222	2	2,046.20	2223	3
PERSCare	State Only	989.88	2781	1	1,979.76	2782	2	2,573.69	2783	3
PORAC	State Only	724.00	2071	1	1,449.00	2072	2	1,927.00	2073	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	\$339.43	2531	4	\$678.86	2532	5	\$1,018.29	2533	6
Kaiser Sr Adv Georgia	State & PA	339.43	2491	4	678.86	2492	5	1,018.29	2493	6
Kaiser Sr Adv Hawaii	State & PA	339.43	2141	4	678.86	2142	5	1,018.29	2143	6
Kaiser Sr Adv MidAtlantic	State & PA	339.43	2611	4	678.86	2612	5	1,018.29	2613	6
Kaiser Sr Adv Northwest	State & PA	339.43	2691	4	678.86	2692	5	1,018.29	2693	6
Kaiser Sr Adv Washington	State & PA	339.43	3931	4	678.86	3932	5	1,018.29	3933	6
PERS Choice Med Supp	PA Only	351.39	3341	4	702.78	3342	5	1,054.17	3343	6
PERSCare Med Supp	PA Only	384.78	3391	4	769.56	3392	5	1,154.34	3393	6
PORAC Out of State Med Supp	PA Only	513.00	2501	4	1,022.00	2502	5	1,635.00	2503	6
UnitedHealthcare Grp Med Adv/PPO Health Only	PA Only	327.03	3631	4	654.06	3632	5	981.09	3633	6
UnitedHealthcare <sup>1</sup> Grp Med Adv/PPO Health/Dental/Vision	PA Only	327.03	3641	4	654.06	3642	5	981.09	3643	6
PERS Choice Med Supp	State Only	351.39	2231	4	702.78	2232	5	1,054.17	2233	6
PERSCare Med Supp	State Only	384.78	2791	4	769.56	2792	5	1,154.34	2793	6
PORAC Med Supp	State Only	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Grp Med Adv/PPO Health Only	State Only	327.03	1631	4	654.06	1632	5	981.09	1633	6

<sup>1</sup>Dental and Vision coverage is an additional \$31.65 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	\$1,334.62	1294	7	\$1,931.73	1295	8	\$1,275.97	1296	9
Kaiser/Sr Adv Georgia	State & PA	1,334.62	1304	7	1,931.73	1305	8	1,275.97	1306	9
Kaiser/Sr Adv Hawaii	State & PA	1,334.62	1374	7	1,931.73	1375	8	1,275.97	1376	9
Kaiser/Sr Adv MidAtlantic	State & PA	1,334.62	1384	7	1,931.73	1385	8	1,275.97	1386	9
Kaiser/Sr Adv Northwest	State & PA	1,334.62	1394	7	1,931.73	1395	8	1,275.97	1396	9
Kaiser/Sr Adv Washington	State & PA	1,334.62	3944	7	1,931.73	3945	8	1,275.97	3946	9
PERS Choice/Med Supp	PA Only	1,061.05	3504	7	1,486.85	3505	8	1,128.58	3506	9
PERSCare/Med Supp	PA Only	1,266.81	3614	7	1,796.03	3615	8	1,298.78	3616	9
PORAC Out of State/Med Supp	PA Only	1,464.00	3004	7	1,837.00	3005	8	1,395.00	3006	9
PERS Choice/Med Supp	State Only	1,138.39	1404	7	1,610.59	1405	8	1,174.98	1406	9
PERSCare/Med Supp	State Only	1,374.66	1494	7	1,968.59	1495	8	1,363.49	1496	9
PORAC/Med Supp	State Only	1,238.00	1584	7	1,716.00	1585	8	1,500.00	1586	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 M 1+ Dependents in B	Plan Code	Party Rate
Kaiser/Sr Adv Colorado	State & PA	\$1,334.62	1297	10	\$1,674.05	1298	11	\$1,931.73	1299	12
Kaiser/Sr Adv Georgia	State & PA	1,334.62	1307	10	1,674.05	1308	11	1,931.73	1309	12
Kaiser/Sr Adv Hawaii	State & PA	1,334.62	1377	10	1,674.05	1378	11	1,931.73	1379	12
Kaiser/Sr Adv MidAtlantic	State & PA	1,334.62	1387	10	1,674.05	1388	11	1,931.73	1389	12
Kaiser/Sr Adv Northwest	State & PA	1,334.62	1397	10	1,674.05	1398	11	1,931.73	1399	12
Kaiser/Sr Adv Washington	State & PA	1,334.62	3947	10	1,674.05	3948	11	1,931.73	3949	12
PERS Choice/Med Supp	PA Only	1,061.05	3507	10	1,412.44	3508	11	1,486.85	3509	12
PERSCare/Med Supp	PA Only	1,266.81	3617	10	1,651.59	3618	11	1,796.03	3619	12
PORAC Out of State/Med Supp	PA Only	1,408.00	3007	10	2,021.00	3008	11	1,781.00	3009	12
PERS Choice/Med Supp	State Only	1,138.39	1407	10	1,489.78	1408	11	1,610.59	1409	12
PERSCare/Med Supp	State Only	1,374.66	1497	10	1,759.44	1498	11	1,968.59	1499	12
PORAC/Med Supp	State Only	1,233.00	1587	10	1,846.00	1588	11	1,711.00	1589	12