|  |  |  |  |
| --- | --- | --- | --- |
| **2018 Part-time Faculty Monthly Contribution Rates** | | | |
| **CalPERS PLANS** | **Per Month Contribution** | **Per Month Contribution** | **Per Month Contribution** |
|  | Load = .400 - .499 | Load = .500 - .599 | Load = .600 - .670 |
| **PERSCare PPO** |  | | |
| Single | $597.24 | $524.24 | $451.23 |
| 2 Party | $1,194.48 | $1,048.47 | $902.46 |
| Family | $1,552.83 | $1,363.01 | $1,173.19 |
| **PERS Choice PPO** |  | | |
| Single | $506.33 | $433.33 | $360.32 |
| 2 Party | $1,012.66 | $866.65 | $720.64 |
| Family | $1,316.47 | $1,126.65 | $936.83 |
| **PERS Select PPO** |  | | |
| Single | $438.04 | $365.04 | $292.03 |
| 2 Party | $876.08 | $730.07 | $584.06 |
| Family | $1,138.91 | $949.09 | $759.27 |
| **KAISER HMO** |  |  |  |
| Single | $454.44 | $381.44 | $308.43 |
| 2 Party | $908.88 | $762.87 | $616.86 |
| Family | $1,181.55 | $991.73 | $801.91 |
| **Anthem Select HMO** |  |  |  |
| Single | $429.76 | $356.76 | $283.75 |
| 2 Party | $859.52 | $713.51 | $567.50 |
| Family | $1,117.38 | $927.56 | $737.74 |
| **Anthem Traditional HMO** |  |  |  |
| Single | $563.39 | $490.39 | $417.38 |
| 2 Party | $1,126.78 | $980.77 | $834.76 |
| Family | $1,464.82 | $1,275.00 | $1,085.18 |
| **Blue Shield Access+ HMO** |  | | |
| Single | $724.15 | $651.15 | $578.14 |
| 2 Party | $1,448.30 | $1,302.29 | $1,156.28 |
| Family | $1,882.80 | $1,692.98 | $1,503.16 |
| Medical Only. Does not include Dental or Vision  \*\*Other Southern California | | | |
| **2018 Part-time Faculty Monthly Contribution Rates** | | | |
| **CalPERS PLANS** | **Per Month Contribution** | **Per Month Contribution** | **Per Month Contribution** |
|  | Load = .400 - .499 | Load = .500 - .599 | Load = .600 - .670 |
| **HealthNet SmartCare HMO** |  | | |
| Single | $516.41 | $443.41 | $370.40 |
| 2 Party | $1,032.82 | $886.81 | $740.80 |
| Family | $1,342.67 | $1,152.85 | $963.03 |
| **UnitedHealthCare HMO (Bay Area)** |  | | |
| Single | $663.41 | $590.41 | $517.40 |
| 2 Party | $1,326.82 | $1,180.81 | $1,034.80 |
| Family | $1,724.87 | $1,535.05 | $1,345.23 |
| **Western Health Advantage HMO** |  |  |  |
| Single | $505.56 | $433.81 | $362.06 |
| 2 Party | $1,011.12 | $867.62 | $724.12 |
| Family | $1,314.46 | $1,127.91 | $941.36 |
| Medical Only. Does not include Dental or Vision  \*\*Other Southern California | | | |