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| **2018 Pre-’97 Hired Retiree Monthly Contribution Rates** |
| **CalPERS PLANS\*** | **Per Month Contribution** |
| **PERSCare PPO** |  |
| Single | $480.00 |
| 2 Party | $960.00 |
| Family | $1,440.00 |
| **PERS Choice PPO** |  |
| Single | $152.00 |
| 2 Party | $304.00 |
| Family | $456.00 |
| **PERS Select PPO** |  |
| Single | $89.00 |
| 2 Party | $178.00 |
| Family | $267.00 |
| **Anthem Select HMO** |  |
| Single | $81.00 |
| 2 Party | $162.00 |
| Family | $243.00 |
| **Anthem Traditional HMO** |  |
| Single | $214.00 |
| 2 Party | $428.00 |
| Family | $642.00 |
| **Blue Shield Access+ HMO** |  |
| Single | $375.00 |
| 2 Party | $750.00 |
| Family | $1,125.00 |
| **KAISER HMO** |  |
| Single | $108.00 |
| 2 Party | $216.00 |
| Family | $324.00 |
| **HealthNet SmartCare HMO** |  |
| Single | $167.00 |
| 2 Party | $334.00 |
| Family | $501.00 |
| \*Includes Dental and Vision\*\* Other Southern CaliforniaNOTE: Check Plan availability for your geographic area |
| **2018 Pre-’97 Hired Retiree Monthly Contribution Rates** |
| **CalPERS PLANS\*** | **Per Month Contribution** |
| **UnitedHealthCare HMO** |  |
| Single | $480.00 |
| 2 Party | $960.00 |
| Family | $1,440.00 |
| **\*\*UnitedHealthCare HMO (Other Southern California)** |  |
| Single | $89.00 |
| 2 Party | $178.00 |
| Family | $267.00 |
| **UnitedHealthCare Group Medicare Advantage PPO Plan (Available in all 50 States)** |  |
| Single | $81.00 |
| 2 Party | $162.00 |
| Family | $243.00 |
| **\*\*HealthNet Salud HMO (Other Southern California)** |  |
| Single | $89.00 |
| 2 Party | $178.00 |
| Family | $267.00 |
| **\*\*HealthNet SmartCare HMO (Other Southern California)** |  |
| Single | $89.00 |
| 2 Party | $178.00 |
| Family | $267.00 |
| **\*\*Sharp HMO (Other Southern California)** |  |
| Single | $89.00 |
| 2 Party | $178.00 |
| Family | $267.00 |
| **Western Health Advantage HMO** |  |
| Single | $108.00 |
| 2 Party | $216.00 |
| Family | $324.00 |
| **Anthem Medicare Preferred PPO (Available in all 50 States)** |  |
| Single | $152.00 |
| 2 Party | $304.00 |
| Family | $456.00 |
| \*Includes Dental and Vision\*\* Other Southern CaliforniaNOTE: Check Plan availability for your geographic area |