

## 2022 Pre-'97 Hired Retiree Monthly Contribution Rates

| CalPERS PLANS*                            | Per Month Contribution |
|---|------------------------|
| <b>PERS Platinum PPO</b>                  |                        |
| Single                                    | \$175.00               |
| 2 Party                                   | \$340.00               |
| Family                                    | \$505.00               |
| <b>PERS Gold PPO</b>                      |                        |
| Single                                    | \$101.00               |
| 2 Party                                   | \$193.00               |
| Family                                    | \$284.00               |
| <b>KAISER HMO</b>                         |                        |
| Single                                    | \$121.00               |
| 2 Party                                   | \$233.00               |
| Family                                    | \$344.00               |
| <b>Anthem Select HMO</b>                  |                        |
| Single                                    | \$93.00                |
| 2 Party                                   | \$176.00               |
| Family                                    | \$259.00               |
| <b>Anthem Traditional HMO</b>             |                        |
| Single                                    | \$233.00               |
| 2 Party                                   | \$455.00               |
| Family                                    | \$678.00               |
| <b>Blue Shield Access+ HMO</b>            |                        |
| Single                                    | \$402.00               |
| 2 Party                                   | \$793.00               |
| Family                                    | \$1,185.00             |
| <b>Blue Shield Medicare Advantage PPO</b> |                        |
| Single                                    | \$233.00               |
| 2 Party                                   | \$455.00               |
| Family                                    | \$678.00               |
| <b>Blue Shield Trio HMO</b>               |                        |
| Single                                    | \$121.00               |
| 2 Party                                   | \$233.00               |
| Family                                    | \$344.00               |

\*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

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| CalPERS PLANS*   | Per Month Contribution |
|--|------------------------|
| <b>Health Net SmartCare HMO</b>                          |                        |
| Single   | \$183.00               |
| 2 Party  | \$357.00               |
| Family   | \$530.00               |
| <b>Health Net Salud y Mas HMO</b>                        |                        |
| Single   | \$101.00               |
| 2 Party  | \$192.00               |
| Family   | \$283.00               |
| <b>United Healthcare Harmony HMO</b>                     |                        |
| Single   | \$512.00               |
| 2 Party  | \$1,014.00             |
| Family   | \$1,516.00             |
| <b>UnitedHealthcare Signature Alliance HMO</b>           |                        |
| Single   | \$512.00               |
| 2 Party  | \$1,014.00             |
| Family   | \$1,516.00             |
| <b>UnitedHealthCare Edge Medicare Advantage PPO Plan</b> |                        |
| Single   | \$233.00               |
| 2 Party  | \$455.00               |
| Family   | \$678.00               |
| <b>UnitedHealthCare Medicare Advantage PPO Plan</b>      |                        |
| Single   | \$93.00                |
| 2 Party  | \$176.00               |
| Family   | \$259.00               |
| <b>Western Health Advantage HMO</b>                      |                        |
| Single   | \$121.00               |
| 2 Party  | \$233.00               |
| Family   | \$344.00               |
| <b>Sharp HMO</b>   |                        |
| Single   | \$101.00               |
| 2 Party  | \$192.00               |
| Family   | \$283.00               |

\*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

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| CalPERS PLANS*   |  | Per Month Contribution |
|------------------|--|------------------------|
| <b>PORAC PPO</b> |  |                        |
| Single           |  | \$175.00               |
| 2 Party          |  | \$340.00               |
| Family           |  | \$505.00               |

\*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area