

CaIPERS 2018 Monthly Premiums for Contracting Agencies Bay Area Region

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin,
San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba

Actives and Annuitants

Effective Date: 1/1/2018 - 12/31/2018

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	\$856.41	454 1	1	\$1,712.82	454 2	2	\$2,226.67	454 3	3
Anthem HMO Traditional	925.47	450 1	1	1,850.94	450 2	2	2,406.22	450 3	3
BSC Access+	889.02	102 1	1	1,778.04	102 2	2	2,311.45	102 3	3
HealthNet SmartCare	863.48	375 1	1	1,726.96	375 2	2	2,245.05	375 3	3
Kaiser Permanente	779.86	104 1	1	1,559.72	104 2	2	2,027.64	104 3	3
PERS Choice	800.27	106 1	1	1,600.54	106 2	2	2,080.70	106 3	3
PERS Select	717.50	126 1	1	1,435.00	126 2	2	1,865.50	126 3	3
PERSCare	882.45	122 1	1	1,764.90	122 2	2	2,294.37	122 3	3
PORAC	734.00	207 1	1	1,540.00	207 2	2	1,970.00	207 3	3
UnitedHealthcare	1,371.84	426 1	1	2,743.68	426 2	2	3,566.78	426 3	3
Western Health Advantage	792.56	179 1	1	1,585.12	179 2	2	2,060.66	179 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 Traditional Med Adv Health Only	\$370.34	276 1	4	\$740.68	276 2	5	\$1,111.02	276 3	6
Anthem Traditional ¹ Med Adv Health/Dental/Vision	370.34	167 1	4	740.68	167 2	5	1,111.02	167 3	6
Kaiser Senior Adv	316.34	114 1	4	632.68	114 2	5	949.02	114 3	6
Kaiser Senior Adv/Dental ²	316.34	490 1	4	632.68	490 2	5	949.02	490 3	6
PERS Choice Med Supp	345.97	116 1	4	691.94	116 2	5	1,037.91	116 3	6
PERS Select Med Supp	345.97	136 1	4	691.94	136 2	5	1,037.91	136 3	6
PERSCare Med Supp	382.30	132 1	4	764.60	132 2	5	1,146.90	132 3	6
PORAC Med Supp	487.00	208 1	4	970.00	208 2	5	1,551.00	208 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	330.76	380 1	4	661.52	380 2	5	992.28	380 3	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	330.76	381 1	4	661.52	381 2	5	992.28	381 3	6

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

³Dental 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 Adv Health Only	\$1,295.81	390 4	7	\$1,851.09	390 5	8	\$1,295.96	390 6	9
Anthem Traditional ^{1/} Med Adv Health/Dental/Vision	1,295.81	234 4	7	1,851.09	234 5	8	1,295.96	234 6	9
Kaiser/Senior Adv	1,096.20	340 4	7	1,564.12	340 5	8	1,100.60	340 6	9
Kaiser/Senior Adv/Dental ²	1,096.20	500 4	7	1,564.12	500 5	8	1,100.60	500 6	9
PERS Choice/Med Supp	1,146.24	345 4	7	1,626.40	345 5	8	1,172.10	345 6	9
PERS Select/Med Supp	1,063.47	351 4	7	1,493.97	351 5	8	1,122.44	351 6	9
PERSCare/Med Supp	1,264.75	356 4	7	1,794.22	356 5	8	1,294.07	356 6	9
PORAC/Med Supp	1,293.00	158 4	7	1,723.00	158 5	8	1,400.00	158 6	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,702.60	367 4	7	2,525.70	367 5	8	1,484.62	367 6	9
UnitedHealthcare ^{3/} Grp Med Adv/PPO Health/Dental/Vision	1,702.60	368 4	7	2,525.70	368 5	8	1,484.62	368 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 B 1+ Dependents in M	Plan Code	Party Rate
Anthem Traditional/ Med Adv Health Only	\$1,295.81	390 7	10	\$1,666.15	390 8	11	\$1,851.09	390 9	12
Anthem Traditional ^{1/} Med Adv Health/Dental/Vision	1,295.81	234 7	10	1,666.15	234 8	11	1,851.09	234 9	12
Kaiser/Senior Adv	1,096.20	340 7	10	1,412.54	340 8	11	1,564.12	340 9	12
Kaiser/Senior Adv/Dental ²	1,096.20	500 7	10	1,412.54	500 8	11	1,564.12	500 9	12
PERS Choice/Med Supp	1,146.24	345 7	10	1,492.21	345 8	11	1,626.40	345 9	12
PERS Select/Med Supp	1,063.47	351 7	10	1,409.44	351 8	11	1,493.97	351 9	12
PERSCare/Med Supp	1,264.75	356 7	10	1,647.05	356 8	11	1,794.22	356 9	12
PORAC/Med Supp	1,217.00	158 7	10	1,798.00	158 8	11	1,647.00	158 9	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,702.60	367 7	10	2,033.36	367 8	11	2,525.70	367 9	12
UnitedHealthcare ^{3/} Grp Med Adv/PPO Health/Dental/Vision	1,702.60	368 7	10	2,033.36	368 8	11	2,525.70	368 9	12

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