

CalPERS 2020 Monthly Premiums for Contracting Agencies Region 1

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

Actives and Annuitants

Effective Date: 1/1/2020 - 12/31/2020

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 EPO Del Norte	\$ 861.18	5041	1	\$ 1,722.36	5042	2	\$ 2,239.07	5043	3
Anthem HMO Select	868.98	5061	1	1,737.96	5062	2	2,259.35	5063	3
Anthem HMO Traditional	1,184.84	5091	1	2,369.68	5092	2	3,080.58	5093	3
Blue Shield Access +	1,127.77	5251	1	2,255.54	5252	2	2,932.20	5253	3
Blue Shield EPO	1,127.77	5241	1	2,255.54	5242	2	2,932.20	5243	3
Blue Shield Trio	833.00	4511	1	1,666.00	4512	2	2,165.80	4513	3
Health Net SmartCare	1,000.52	5281	1	2,001.04	5282	2	2,601.35	5283	3
Kaiser Permanente	768.49	5331	1	1,536.98	5332	2	1,998.07	5333	3
PERS Choice	861.18	5481	1	1,722.36	5482	2	2,239.07	5483	3
PERS Select	520.29	5571	1	1,040.58	5572	2	1,352.75	5573	3
PERSCare	1,133.14	5661	1	2,266.28	5662	2	2,946.16	5663	3
PORAC Region 1	774.00	5921	1	1,699.00	5922	2	2,199.00	5923	3
UnitedHealthcare	899.94	5761	1	1,799.88	5762	2	2,339.84	5763	3
Western Health Advantage	731.96	5911	1	1,463.92	5912	2	1,903.10	5913	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 Select Med Pref Health Only	\$ 388.15	4551	4	\$ 776.30	4552	5	\$ 1,164.45	4553	6
Anthem Select Med Pref 1 Health/Dental/Vision	388.15	4591	4	776.30	4592	5	1,164.45	4593	6
Anthem Traditional Med Pref Health Only	388.15	5151	4	776.30	5152	5	1,164.45	5153	6
Anthem Traditional Med Pref 1 Health/Dental/Vision	388.15	5121	4	776.30	5122	5	1,164.45	5123	6
Kaiser Senior Adv	339.43	5361	4	678.86	5362	5	1,018.29	5363	6
Kaiser Senior Adv/Dental 2	339.43	5421	4	678.86	5422	5	1,018.29	5423	6
PERS Choice Med Supp	351.39	5511	4	702.78	5512	5	1,054.17	5513	6
PERS Select Med Supp	351.39	5601	4	702.78	5602	5	1,054.17	5603	6
PERSCare Med Supp	384.78	5691	4	769.56	5692	5	1,154.34	5693	6
PORAC Region 1 Med Supp	513.00	5951	4	1,022.00	5952	5	1,635.00	5953	6
UnitedHealthcare Grp Med Adv/PPO Health Only	327.03	5791	4	654.06	5792	5	981.09	5793	6
UnitedHealthcare 3 Grp Med Adv/PPO Health/Dental/Vision	327.03	5851	4	654.06	5852	5	981.09	5853	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 \$31.65 per member per month premium. You will be billed directly for this amount.

****Use the "Health Plan Search by Zip Code" on the CalPERS website to find the relevant plans in your area****

District Caps*	Dental	Vision (VSP)
LEA	\$ 737.05 CVT \$157.48	\$20.00
CSEA***	\$ 673.30 Delta Dental \$107.70	\$25.00
LPPA	\$ 566.40 CVT \$161.11	\$25.00
MGT (LUSDAA)	\$ 426.15 CVT \$155.72	\$20.00
CONFIDENTIAL	\$ 426.15 CVT \$157.48	\$25.00
SUPV*** (LUSG)	\$ 651.79 CVT \$155.72	\$25.00

*District contributions are subject to change due to on-going bargaining group negotiations.

***Upon selection of A,B or C, refer to bargaining group contract

**For Medical changes please contact CalPERS at 888-225-7377
For Dental and/or Vision changes please contact Lodi Unified at 209-331-7138**

06/26/2019

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

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 EPO Del Norte/Med Supp	\$ 1,212.57	5054	7	\$ 1,729.28	5055	8	\$ 1,219.49	5056	9
Anthem Select/ Med Pref Health Only	1,257.13	4574	7	1,778.52	4575	8	1,297.69	4576	9
Anthem Select 1 / Med Pref Health/Dental/Vision	1,257.13	4604	7	1,778.52	4605	8	1,297.69	4606	9
Anthem Traditional / Med Pref Health Only	1,572.99	5184	7	2,283.89	5185	8	1,487.20	5186	9
Anthem Traditional 1 / Med Pref Health/Dental/Vision	1,572.99	5214	7	2,283.89	5215	8	1,487.20	5216	9
Kaiser/Senior Adv	1,107.92	5394	7	1,569.01	5395	8	1,139.95	5396	9
Kaiser/Senior Adv/Dental 2	1,107.92	5454	7	1,569.01	5455	8	1,139.95	5456	9
PERS Choice/Med Supp	1,212.57	5544	7	1,729.28	5545	8	1,219.49	5546	9
PERS Select/Med Supp	871.68	5634	7	1,183.85	5635	8	1,014.95	5636	9
PERSCare/Med Supp	1,517.92	5724	7	2,197.80	5725	8	1,449.44	5726	9
PORAC Region 1/Med Supp	1,438.00	5984	7	1,938.00	5985	8	1,522.00	5986	9
UnitedHealthcare / Grp Med Adv/PPO Health Only	1,226.97	5824	7	1,766.93	5825	8	1,194.02	5826	9
UnitedHealthcare 3 / Group Med Adv/PPO Health/Dental/Vision	1,226.97	5884	7	1,766.93	5885	8	1,194.02	5886	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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$ 1,212.57	5057	10	\$ 1,563.96	5058	11	\$ 1,729.28	5059	12
Anthem Select/ Med Pref Health Only	1,257.13	4577	10	1,645.28	4578	11	1,778.52	4579	12
Anthem Select 1 / Med Pref Health/Dental/Vision	1,257.13	4607	10	1,645.28	4608	11	1,778.52	4609	12
Anthem Traditional / Med Pref Health Only	1,572.99	5187	10	1,961.14	5188	11	2,283.89	5189	12
Anthem Traditional 1 / Med Pref Health/Dental/Vision	1,572.99	5217	10	1,961.14	5218	11	2,283.89	5219	12
Kaiser/Senior Adv	1,107.92	5397	10	1,447.35	5398	11	1,569.01	5399	12
Kaiser/Senior Adv/Dental 2	1,107.92	5457	10	1,447.35	5458	11	1,569.01	5459	12
PERS Choice/Med Supp	1,212.57	5547	10	1,563.96	5548	11	1,729.28	5549	12
PERS Select/Med Supp	871.68	5637	10	1,223.07	5638	11	1,183.85	5639	12
PERSCare/Med Supp	1,517.92	5727	10	1,902.70	5728	11	2,197.80	5729	12
PORAC Region 1/Med Supp	1,283.00	5987	10	1,896.00	5988	11	1,783.00	5989	12
UnitedHealthcare / Grp Med Adv/PPO Health Only	1,226.97	5827	10	1,554.00	5828	11	1,766.93	5829	12
UnitedHealthcare 3 / Group Med Adv/PPO Health/Dental/Vision	1,226.97	5887	10	1,554.00	5888	11	1,766.93	5889	12

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