

CalPERS 2020 Monthly Premiums for Contracting Agencies Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

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 HMO Select	\$654.04	5071	1	\$1,308.08	5072	2	\$1,700.50	5073	3
Anthem HMO Traditional	934.95	5101	1	1,869.90	5102	2	2,430.87	5103	3
Blue Shield Access+	909.87	5261	1	1,819.74	5262	2	2,365.66	5263	3
Health Net Salud y Más	435.14	5311	1	870.28	5312	2	1,131.36	5313	3
Health Net SmartCare	719.26	5291	1	1,438.52	5292	2	1,870.08	5293	3
Kaiser Permanente	645.24	5341	1	1,290.48	5342	2	1,677.62	5343	3
PERS Choice	736.28	5491	1	1,472.56	5492	2	1,914.33	5493	3
PERS Select	451.54	5581	1	903.08	5582	2	1,174.00	5583	3
PERSCare	986.66	5671	1	1,973.32	5672	2	2,565.32	5673	3
PORAC Region 2	749.00	5931	1	1,499.00	5932	2	1,960.00	5933	3
Sharp	606.02	5751	1	1,212.04	5752	2	1,575.65	5753	3
UnitedHealthcare	671.60	5771	1	1,343.20	5772	2	1,746.16	5773	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 Pref Health Only	388.15	5161	4	776.30	5162	5	1,164.45	5163	6
Anthem Traditional Med Pref ¹ Health/Dental/Vision	388.15	5131	4	776.30	5132	5	1,164.45	5133	6
Kaiser Senior Adv	339.43	5371	4	678.86	5372	5	1,018.29	5373	6
Kaiser Senior Adv/Dental ²	339.43	5431	4	678.86	5432	5	1,018.29	5433	6
PERS Choice Med Supp	351.39	5521	4	702.78	5522	5	1,054.17	5523	6
PERS Select Med Supp	351.39	5611	4	702.78	5612	5	1,054.17	5613	6
PERSCare Med Supp	384.78	5701	4	769.56	5702	5	1,154.34	5703	6
PORAC Region 2 Med Supp	513.00	5961	4	1,022.00	5962	5	1,635.00	5963	6
UnitedHealthcare Grp Med Adv/PPO Health Only	327.03	5801	4	654.06	5802	5	981.09	5803	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	327.03	5861	4	654.06	5862	5	981.09	5863	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.

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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 Pref Health Only	1,323.10	5194	7	1,884.07	5195	8	1,337.27	5196	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,323.10	5224	7	1,884.07	5225	8	1,337.27	5226	9
Kaiser/Senior Adv	984.67	5404	7	1,371.81	5405	8	1,066.00	5406	9
Kaiser/Senior Adv/Dental ²	984.67	5464	7	1,371.81	5465	8	1,066.00	5466	9
PERS Choice/Med Supp	1,087.67	5554	7	1,529.44	5555	8	1,144.55	5556	9
PERS Select/Med Supp	802.93	5644	7	1,073.85	5645	8	973.70	5646	9
PERSCare/Med Supp	1,371.44	5734	7	1,963.44	5735	8	1,361.56	5736	9
PORAC Region 2/Med Supp	1,263.00	5994	7	1,724.00	5995	8	1,483.00	5996	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	998.63	5834	7	1,401.59	5835	8	1,057.02	5836	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	998.63	5894	7	1,401.59	5895	8	1,057.02	5896	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 Traditional/ Med Pref Health Only	1,323.10	5197	10	1,711.25	5198	11	1,884.07	5199	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,323.10	5227	10	1,711.25	5228	11	1,884.07	5229	12
Kaiser/Senior Adv	984.67	5407	10	1,324.10	5408	11	1,371.81	5409	12
Kaiser/Senior Adv/Dental ²	984.67	5467	10	1,324.10	5468	11	1,371.81	5469	12
PERS Choice/Med Supp	1,087.67	5557	10	1,439.06	5558	11	1,529.44	5559	12
PERS Select/Med Supp	802.93	5647	10	1,154.32	5648	11	1,073.85	5649	12
PERSCare/Med Supp	1,371.44	5737	10	1,756.22	5738	11	1,963.44	5739	12
PORAC Region 2/Med Supp	1,258.00	5997	10	1,871.00	5998	11	1,719.00	5999	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	998.63	5837	10	1,325.66	5838	11	1,401.59	5839	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	998.63	5897	10	1,325.66	5898	11	1,401.59	5899	12

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