

CalPERS 2020 Monthly Premiums for Contracting Agencies									
Region 3									
Los Angeles, Riverside, San Bernardino									
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	619.93	5081	1	1,239.86	5082	2	1,611.82	5083	3
Anthem HMO Traditional	902.63	5111	1	1,805.26	5112	2	2,346.84	5113	3
Blue Shield Access+	813.17	5271	1	1,626.34	5272	2	2,114.24	5273	3
Blue Shield Trio	624.93	4521	1	1,249.86	4522	2	1,624.82	4523	3
Health Net Salud y Más	392.31	5321	1	784.62	5322	2	1,020.01	5323	3
Health Net SmartCare	648.42	5301	1	1,296.84	5302	2	1,685.89	5303	3
Kaiser Permanente	664.39	5351	1	1,328.78	5352	2	1,727.41	5353	3
PERS Choice	710.29	5501	1	1,420.58	5502	2	1,846.75	5503	3
PERS Select	435.74	5591	1	871.48	5592	2	1,132.92	5593	3
PERSCare	931.12	5681	1	1,862.24	5682	2	2,420.91	5683	3
PORAC Region 3	699.00	5941	1	1,399.00	5942	2	1,894.00	5943	3
UnitedHealthcare	668.31	5781	1	1,336.62	5782	2	1,737.61	5783	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	5171	4	776.30	5172	5	1,164.45	5173	6
Anthem Traditional Med Pref ¹ Health/Dental/Vision	388.15	5141	4	776.30	5142	5	1,164.45	5143	6
Kaiser Senior Adv	339.43	5381	4	678.86	5382	5	1,018.29	5383	6
Kaiser Senior Adv/Dental ²	339.43	5441	4	678.86	5442	5	1,018.29	5443	6
PERS Choice Med Supp	351.39	5531	4	702.78	5532	5	1,054.17	5533	6
PERS Select Med Supp	351.39	5621	4	702.78	5622	5	1,054.17	5623	6
PERSCare Med Supp	384.78	5711	4	769.56	5712	5	1,154.34	5713	6
PORAC Region 3 Med Supp	513.00	5971	4	1,022.00	5972	5	1,635.00	5973	6
UnitedHealthcare Grp Med Adv/PPO Health Only	327.03	5811	4	654.06	5812	5	981.09	5813	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	327.03	5871	4	654.06	5872	5	981.09	5873	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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Los Angeles, Riverside, San Bernardino

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 Traditional/ Med Pref Health Only	1,290.78	5204	7	1,832.36	5205	8	1,317.88	5206	9
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,290.78	5234	7	1,832.36	5235	8	1,317.88	5236	9
Kaiser/Senior Adv	1,003.82	5414	7	1,402.45	5415	8	1,077.49	5416	9
Kaiser/Senior Adv/Dental ²	1,003.82	5474	7	1,402.45	5475	8	1,077.49	5476	9
PERS Choice/Med Supp	1,061.68	5564	7	1,487.85	5565	8	1,128.95	5566	9
PERS Select/Med Supp	787.13	5654	7	1,048.57	5655	8	964.22	5656	9
PERSCare/Med Supp	1,315.90	5744	7	1,874.57	5745	8	1,328.23	5746	9
PORAC Region 3/Med Supp	1,213.00	6004	7	1,708.00	6005	8	1,517.00	6006	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	995.34	5844	7	1,396.33	5845	8	1,055.05	5846	9
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	995.34	5904	7	1,396.33	5905	8	1,055.05	5906	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	1,290.78	5207	10	1,678.93	5208	11	1,832.36	5209	12
Anthem Traditional ¹ / Med Pref Health/Dental/Vision	1,290.78	5237	10	1,678.93	5238	11	1,832.36	5239	12
Kaiser/Senior Adv	1,003.82	5417	10	1,343.25	5418	11	1,402.45	5419	12
Kaiser/Senior Adv/Dental ²	1,003.82	5477	10	1,343.25	5478	11	1,402.45	5479	12
PERS Choice/Med Supp	1,061.68	5567	10	1,413.07	5568	11	1,487.85	5569	12
PERS Select/Med Supp	787.13	5657	10	1,138.52	5658	11	1,048.57	5659	12
PERSCare/Med Supp	1,315.90	5747	10	1,700.68	5748	11	1,874.57	5749	12
PORAC Region 3/Med Supp	1,208.00	6007	10	1,821.00	6008	11	1,703.00	6009	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	995.34	5847	10	1,322.37	5848	11	1,396.33	5849	12
UnitedHealthcare ³ / Grp Med Adv/PPO Health/Dental/Vision	995.34	5907	10	1,322.37	5908	11	1,396.33	5909	12

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