

CalPERS 2020 Regional Health Premiums (Actives and Annuitants)**Effective Date: January 1, 2020****Region 2**

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

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select	\$654.04	507	1	\$1,308.08	507	2	\$1,700.50	507	3
Anthem Blue Cross Traditional	934.95	510	1	1,869.90	510	2	2,430.87	510	3
Blue Shield Access+	909.87	526	1	1,819.74	526	2	2,365.66	526	3
Health Net Salud y Mas	435.14	531	1	870.28	531	2	1,131.36	531	3
Health Net SmartCare	719.26	529	1	1,438.52	529	2	1,870.08	529	3
Kaiser Permanente	645.24	534	1	1,290.48	534	2	1,677.62	534	3
PERS Choice	736.28	549	1	1,472.56	549	2	1,914.33	549	3
PERS Select	451.54	558	1	903.08	558	2	1,174.00	558	3
PERS Care	986.66	567	1	1,973.32	567	2	2,565.32	567	3
Peace Officers Research Assoc of CA	749.00	593	1	1,499.00	593	2	1,960.00	593	3
Sharp Performance Plus	606.02	575	1	1,212.04	575	2	1,575.65	575	3
UnitedHealthcare	671.60	577	1	1,343.20	577	2	1,746.16	577	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Medicare Preferred	\$388.15	516	4	\$776.30	516	5	\$1,164.45	516	6
Anthem Blue Cross Medicare Preferred with Dental/Vision ¹	388.15	513	4	776.30	513	5	1,164.45	513	6
Kaiser Permanente Senior Advantage	339.43	537	4	678.86	537	5	1,018.29	537	6
Kaiser Permanente Senior Advantage with Dental	339.43	543	4	678.86	543	5	1,018.29	543	6
PERS Choice Medicare Supplement	351.39	552	4	702.78	552	5	1,054.17	552	6
PERS Select Medicare Supplement	351.39	561	4	702.78	561	5	1,054.17	561	6
PERS Care Medicare Supplement	384.78	570	4	769.56	570	5	1,154.34	570	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	596	4	1,022.00	596	5	1,635.00	596	6
UnitedHealthcare Medicare Advantage	327.03	580	4	654.06	580	5	981.09	580	6
UnitedHealthcare Medicare Advantage with Dental/Vision ²	327.03	586	4	654.06	586	5	981.09	586	6

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.²Dental 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 Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,323.10	519	7	\$1,884.07	519	8	\$1,337.27	519	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,323.10	522	7	1,884.07	522	8	1,337.27	522	9
Kaiser Permanente and Senior Advantage	984.67	540	7	1,371.81	540	8	1,066.00	540	9
Kaiser Permanente and Senior Advantage with Dental ²	984.67	546	7	1,371.81	546	8	1,066.00	546	9
PERS Choice and Medicare Supplement	1,087.67	555	7	1,529.44	555	8	1,144.55	555	9
PERS Select and Medicare Supplement	802.93	564	7	1,073.85	564	8	973.70	564	9
PERS Care and Medicare Supplement	1,371.44	573	7	1,963.44	573	8	1,361.56	573	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,263.00	599	7	1,724.00	599	8	1,483.00	599	9
UnitedHealthcare and Medicare Advantage	998.63	583	7	1,401.59	583	8	1,057.02	583	9
UnitedHealthcare and Medicare Advantage with Dental/Vision ³	998.63	589	7	1,401.59	589	8	1,057.02	589	9

Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,323.10	519	10	\$1,711.25	519	11	\$1,884.07	519	12
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,323.10	522	10	1,711.25	522	11	1,884.07	522	12
Kaiser Permanente and Senior Advantage	984.67	540	10	1,324.10	540	11	1,371.81	540	12
Kaiser Permanente and Senior Advantage with Dental ²	984.67	546	10	1,324.10	546	11	1,371.81	546	12
PERS Choice and Medicare Supplement	1,087.67	555	10	1,439.06	555	11	1,529.44	555	12
PERS Select and Medicare Supplement	802.93	564	10	1,154.32	564	11	1,073.85	564	12
PERS Care and Medicare Supplement	1,371.44	573	10	1,756.22	573	11	1,963.44	573	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,258.00	599	10	1,871.00	599	11	1,719.00	599	12
UnitedHealthcare and Medicare Advantage	998.63	583	10	1,325.66	583	11	1,401.59	583	12
UnitedHealthcare and Medicare Advantage with Dental/Vision ³	998.63	589	10	1,325.66	589	11	1,401.59	589	12

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.