

CalPERS 2020 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2020

Region 3									
Los Angeles, Riverside, San Bernardino									
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	\$619.93	508	1	\$1,239.86	508	2	\$1,611.82	508	3
Anthem Blue Cross Traditional	902.63	511	1	1,805.26	511	2	2,346.84	511	3
Blue Shield Access+	813.17	527	1	1,626.34	527	2	2,114.24	527	3
Blue Shield Trio*	624.93	452	1	1,249.86	452	2	1,624.82	452	3
Health Net Salud y Mas	392.31	532	1	784.62	532	2	1,020.01	532	3
Health Net SmartCare	648.42	530	1	1,296.84	530	2	1,685.89	530	3
Kaiser Permanente	664.39	535	1	1,328.78	535	2	1,727.41	535	3
PERS Choice	710.29	550	1	1,420.58	550	2	1,846.75	550	3
PERS Select	435.74	559	1	871.48	559	2	1,132.92	559	3
PERS Care	931.12	568	1	1,862.24	568	2	2,420.91	568	3
Peace Officers Research Assoc of CA	699.00	594	1	1,399.00	594	2	1,894.00	594	3
UnitedHealthcare	668.31	578	1	1,336.62	578	2	1,737.61	578	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	517	4	\$776.30	517	5	\$1,164.45	517	6
Anthem Blue Cross Medicare Preferred with Dental/Vision ¹	388.15	514	4	776.30	514	5	1,164.45	514	6
Kaiser Permanente Senior Advantage	339.43	538	4	678.86	538	5	1,018.29	538	6
Kaiser Permanente Senior Advantage with Dental ²	339.43	544	4	678.86	544	5	1,018.29	544	6
PERS Choice Medicare Supplement	351.39	553	4	702.78	553	5	1,054.17	553	6
PERS Select Medicare Supplement	351.39	562	4	702.78	562	5	1,054.17	562	6
PERS Care Medicare Supplement	384.78	571	4	769.56	571	5	1,154.34	571	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	597	4	1,022.00	597	5	1,635.00	597	6
UnitedHealthcare Medicare Advantage	327.03	581	4	654.06	581	5	981.09	581	6
UnitedHealthcare Medicare Advantage with Dental/Vision ³	327.03	587	4	654.06	587	5	981.09	587	6

*Blue Shield is introducing a new HMO health plan called Blue Shield Trio. This plan will be available in El Dorado, Los Angeles, Nevada, Placer, Sacramento

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 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	\$1,290.78	520	7	\$1,832.36	520	8	\$1,317.88	520	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,290.78	523	7	1,832.36	523	8	1,317.88	523	9
Kaiser Permanente and Senior Advantage	1,003.82	541	7	1,402.45	541	8	1,077.49	541	9
Kaiser Permanente and Senior Advantage with Dental ²	1,003.82	547	7	1,402.45	547	8	1,077.49	547	9
PERS Choice and Medicare Supplement	1,061.68	556	7	1,487.85	556	8	1,128.95	556	9
PERS Select and Medicare Supplement	787.13	565	7	1,048.57	565	8	964.22	565	9
PERS Care and Medicare Supplement	1,315.90	574	7	1,874.57	574	8	1,328.23	574	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,213.00	600	7	1,708.00	600	8	1,517.00	600	9
UnitedHealthcare and Medicare Advantage	995.34	584	7	1,396.33	584	8	1,055.05	584	9
UnitedHealthcare and Medicare Advantage with Dental/Vision ³	995.34	590	7	1,396.33	590	8	1,055.05	590	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	\$1,290.78	520	10	\$1,678.93	520	11	\$1,832.36	520	12
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,290.78	523	10	1,678.93	523	11	1,832.36	523	12
Kaiser Permanente and Senior Advantage	1,003.82	541	10	1,343.25	541	11	1,402.45	541	12
Kaiser Permanente and Senior Advantage with Dental ²	1,003.82	547	10	1,343.25	547	11	1,402.45	547	12
PERS Choice and Medicare Supplement	1,061.68	556	10	1,413.07	556	11	1,487.85	556	12
PERS Select and Medicare Supplement	787.13	565	10	1,138.52	565	11	1,048.57	565	12
PERS Care and Medicare Supplement	1,315.90	574	10	1,700.68	574	11	1,874.57	574	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,208.00	600	10	1,821.00	600	11	1,703.00	600	12
UnitedHealthcare and Medicare Advantage	995.34	584	10	1,322.37	584	11	1,396.33	584	12
UnitedHealthcare and Medicare Advantage with Dental/Vision ³	995.34	590	10	1,322.37	590	11	1,396.33	590	12

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