

## CaIPERS 2020 Health Premiums - State Only

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	\$787.00	1721	1	\$1,574.00	1722	2	\$2,046.20	1723	3
Anthem HMO Select	787.79	1811	1	1,575.58	1812	2	2,048.25	1813	3
Anthem HMO Traditional	1,115.75	1801	1	2,231.50	1802	2	2,900.95	1803	3
Blue Shield Access+	910.16	1411	1	1,820.32	1412	2	2,366.42	1413	3
Blue Shield EPO	910.16	1911	1	1,820.32	1912	2	2,366.42	1913	3
Blue Shield Trio	701.06	4711	1	1,402.12	4712	2	1,822.76	4713	3
CAHP	718.38	2301	1	1,394.63	2302	2	1,824.05	2303	3
CCPOA North	804.44	2561	1	1,612.51	2562	2	2,177.10	2563	3
CCPOA South	663.31	2661	1	1,330.19	2662	2	1,797.48	2663	3
Health Net Salud y Más	403.55	1841	1	807.10	1842	2	1,049.23	1843	3
Health Net SmartCare	860.96	1851	1	1,721.92	1852	2	2,238.50	1853	3
Kaiser Permanente	730.05	0561	1	1,460.10	0562	2	1,898.13	0563	3
PERS Choice	787.00	2221	1	1,574.00	2222	2	2,046.20	2223	3
PERS Select	492.24	0451	1	984.48	0452	2	1,279.82	0453	3
PERSCare	989.88	2781	1	1,979.76	2782	2	2,573.69	2783	3
PORAC	724.00	2071	1	1,449.00	2072	2	1,927.00	2073	3
Sharp	606.02	1891	1	1,212.04	1892	2	1,575.65	1893	3
UnitedHealthcare	726.95	1871	1	1,453.90	1872	2	1,890.07	1873	3
Western Health Advantage	731.96	1761	1	1,463.92	1762	2	1,903.10	1763	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	\$388.15	4731	4	\$776.30	4732	5	\$1,164.45	4733	6
Anthem Traditional Med Pref	388.15	2581	4	776.30	2582	5	1,164.45	2583	6
CAHP Med Supp	476.11	2311	4	879.15	2312	5	1,117.81	2313	6
CCPOA North Med Supp	486.60	2571	4	975.66	2572	5	1,459.27	2573	6
CCPOA South Med Supp	486.60	2671	4	975.66	2672	5	1,459.27	2673	6
Kaiser Permanente Sr Adv	339.43	0661	4	678.86	0662	5	1,018.29	0663	6
PERS Choice Med Supp	351.39	2231	4	702.78	2232	5	1,054.17	2233	6
PERS Select Med Supp	351.39	0461	4	702.78	0462	5	1,054.17	0463	6
PERSCare Med Supp	384.78	2791	4	769.56	2792	5	1,154.34	2793	6
PORAC Med Supp	513.00	2081	4	1,022.00	2082	5	1,635.00	2083	6
UnitedHealthcare Group Medicare Advantage/PPO	327.03	1631	4	654.06	1632	5	981.09	1633	6

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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 EPO Del Norte/Med Supp	\$1,138.39	1624	7	\$1,610.59	1625	8	\$1,174.98	1626	9
Anthem Select/Med Pref	1,175.94	4564	7	1,648.61	4565	8	1,248.97	4566	9
Anthem Traditional/Med Pref	1,503.90	3094	7	2,173.35	3095	8	1,445.75	3096	9
CAHP/Med Supp	1,152.36	1174	7	1,581.78	1175	8	1,308.57	1176	9
CCPOA North/Med Supp	1,294.67	1184	7	1,859.26	1185	8	1,540.25	1186	9
CCPOA South/Med Supp	1,153.48	1194	7	1,620.77	1195	8	1,442.95	1196	9
Kaiser Permanente/Sr Adv	1,069.48	1204	7	1,507.51	1205	8	1,116.89	1206	9
PERS Choice/Med Supp	1,138.39	1404	7	1,610.59	1405	8	1,174.98	1406	9
PERS Select/Med Supp	843.63	1484	7	1,138.97	1485	8	998.12	1486	9
PERSCare/Med Supp	1,374.66	1494	7	1,968.59	1495	8	1,363.49	1496	9
PORAC/Med Supp	1,238.00	1584	7	1,716.00	1585	8	1,500.00	1586	9
UnitedHealthcare/ Group Medicare Advantage/PPO	1,053.98	1644	7	1,490.15	1645	8	1,090.23	1646	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	\$1,138.39	1627	10	\$1,489.78	1628	11	\$1,610.59	1629	12
Anthem Select/Med Pref	1,175.94	4567	10	1,564.09	4568	11	1,648.61	4569	12
Anthem Traditional/Med Pref	1,503.90	3097	10	1,892.05	3098	11	2,173.35	3099	12
CAHP/Med Supp	1,121.42	1177	10	1,360.08	1178	11	1,550.84	1179	12
CCPOA North/Med Supp	1,293.50	1187	10	1,777.11	1188	11	1,858.09	1189	12
CCPOA South/Med Supp	1,152.37	1197	10	1,635.98	1198	11	1,619.66	1199	12
Kaiser Permanente/Sr Adv	1,069.48	1207	10	1,408.91	1208	11	1,507.51	1209	12
PERS Choice/Med Supp	1,138.39	1407	10	1,489.78	1408	11	1,610.59	1409	12
PERS Select/Med Supp	843.63	1487	10	1,195.02	1488	11	1,138.97	1489	12
PERSCare/Med Supp	1,374.66	1497	10	1,759.44	1498	11	1,968.59	1499	12
PORAC/Med Supp	1,233.00	1587	10	1,846.00	1588	11	1,711.00	1589	12
UnitedHealthcare/ Group Medicare Advantage/PPO	1,053.98	1647	10	1,381.01	1648	11	1,490.15	1649	12