

CalPERS Health Premium Rates (5 to under 6 hours)

Effective: January 1, 2017

Health Plans	Monthly Premium	Yearly Premium	Yearly District Contribution	Employee Yearly Cost	Monthly Deduction Deduction (10 months)
<u>Anthem HMO Select</u>					
Single	\$783.46	\$9,401.52	\$4,174.94	\$5,226.58	\$522.66
Two-Party	\$1,566.92	\$18,803.04	\$6,824.90	\$11,978.14	\$1,197.81
Family	\$2,037.00	\$24,444.00	\$9,635.81	\$14,808.19	\$1,480.82
<u>Anthem HMO Traditional</u>					
Single	\$990.45	\$11,885.40	\$4,174.94	\$7,710.46	\$771.05
Two-Party	\$1,980.10	\$23,761.20	\$6,824.90	\$16,936.30	\$1,693.63
Family	\$2,574.13	\$30,889.56	\$9,635.81	\$21,253.75	\$2,125.38
<u>BSC Access+</u>					
Single	\$1,024.85	\$12,298.20	\$4,174.94	\$8,123.26	\$812.33
Two-Party	\$2,049.70	\$24,596.40	\$6,824.90	\$17,771.50	\$1,777.15
Family	\$2,664.61	\$31,975.32	\$9,635.81	\$22,339.51	\$2,233.95
<u>HealthNet SmartCare</u>					
Single	\$733.29	\$8,799.48	\$4,174.94	\$4,624.54	\$462.45
Two-Party	\$1,466.58	\$17,598.96	\$6,824.90	\$10,774.06	\$1,077.41
Family	\$1,906.55	\$22,878.60	\$9,635.81	\$13,242.79	\$1,324.28
<u>Kaiser Permanente</u>					
Single	\$733.39	\$8,800.68	\$4,174.94	\$4,625.74	\$462.57
Two-Party	\$1,466.78	\$17,601.36	\$6,824.90	\$10,776.46	\$1,077.65
Family	\$1,906.81	\$22,881.72	\$9,635.81	\$13,245.91	\$1,324.59
<u>PERS Choice</u>					
Single	\$830.30	\$9,963.60	\$4,174.94	\$5,788.66	\$578.87
Two-Party	\$1,660.60	\$19,927.20	\$6,824.90	\$13,102.30	\$1,310.23
Family	\$2,158.78	\$25,905.36	\$9,635.81	\$16,269.55	\$1,626.96
<u>PERS Select</u>					
Single	\$736.27	\$8,835.24	\$4,174.94	\$4,660.30	\$466.03
Two-Party	\$1,472.54	\$17,670.48	\$6,824.90	\$10,845.58	\$1,084.56
Family	\$1,914.30	\$22,971.60	\$9,635.81	\$13,335.79	\$1,333.58
<u>PERSCare</u>					
Single	\$932.39	\$11,188.68	\$4,174.94	\$7,013.74	\$701.37
Two-Party	\$1,864.78	\$22,377.36	\$6,824.90	\$15,552.46	\$1,555.25
Family	\$2,424.21	\$29,090.52	\$9,635.81	\$19,454.71	\$1,945.47
<u>PORAC (Police)</u>					
Single	\$699.00	\$8,388.00	\$4,174.94	\$4,213.06	\$421.31
Two-Party	\$1,467.00	\$17,604.00	\$6,824.90	\$10,779.10	\$1,077.91
Family	\$1,876.00	\$22,512.00	\$9,635.81	\$12,876.19	\$1,287.62
<u>UnitedHealthCare</u>					
Single	\$1,062.26	\$12,747.12	\$4,174.94	\$8,572.18	\$857.22
Two-Party	\$2,124.52	\$25,494.24	\$6,824.90	\$18,669.34	\$1,866.93
Family	\$2,761.88	\$33,142.56	\$9,635.81	\$23,506.75	\$2,350.68