

2017 CaIPERS HEALTH BENEFITS PROGRAM BASIC PLAN RATES

Monthly Employee Cost

| HEALTH PLAN | Enrolled Employee & Eligible Dependents | All Employee Groups (except Unit 6) | | Unit 6 | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|------------------------------|------------------------------|------------------------------|
| | | 2017 Amount Paid by Employee | 2016 Amount Paid by Employee | 2017 Amount Paid by Employee | 2016 Amount Paid by Employee |
| Anthem Blue Cross Select HMO California | Employee Only | \$33.23 | \$0.00 | \$28.23 | \$0.00 |
| | Employee + 1 | \$131.46 | \$48.54 | \$121.46 | \$38.54 |
| | Employee + 2 or more | \$197.60 | \$82.00 | \$177.60 | \$62.00 |
| Anthem Blue Cross Traditional HMO California | Employee Only | \$165.91 | \$47.48 | \$160.91 | \$42.48 |
| | Employee + 1 | \$396.82 | \$161.96 | \$386.82 | \$151.96 |
| | Employee + 2 or more | \$542.57 | \$229.45 | \$522.57 | \$209.45 |
| Anthem Blue Cross EPO California (Restricted to Del Norte County) | Employee Only | \$33.88 | \$10.70 | \$28.88 | \$5.70 |
| | Employee + 1 | \$132.76 | \$88.40 | \$122.76 | \$78.40 |
| | Employee + 2 or more | \$199.29 | \$133.82 | \$179.29 | \$113.82 |
| Anthem Blue Cross EPO California (Restricted to Monterey County) | Employee Only | \$33.88 | \$10.70 | \$28.88 | \$5.70 |
| | Employee + 1 | \$132.76 | \$88.40 | \$122.76 | \$78.40 |
| | Employee + 2 or more | \$199.29 | \$133.82 | \$179.29 | \$113.82 |
| Blue Shield Access+ California | Employee Only | \$123.44 | \$62.45 | \$118.44 | \$57.45 |
| | Employee + 1 | \$311.88 | \$191.90 | \$301.88 | \$181.90 |
| | Employee + 2 or more | \$432.14 | \$268.37 | \$412.14 | \$248.37 |
| Blue Shield Access+ EPO California (Restricted to Colusa, Mendocino & Sierra Counties) | Employee Only | \$123.44 | \$62.45 | \$118.44 | \$57.45 |
| | Employee + 1 | \$311.88 | \$191.90 | \$301.88 | \$181.90 |
| | Employee + 2 or more | \$432.14 | \$268.37 | \$412.14 | \$248.37 |
| Health Net Salud Y Mas California | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Health Net Smartcare California | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 1 | \$36.78 | \$0.00 | \$26.78 | \$0.00 |
| | Employee + 2 or more | \$74.51 | \$0.00 | \$54.51 | \$0.00 |
| Kaiser Permanente California | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Kaiser Permanente - Out Of State | Employee Only | \$233.67 | \$225.29 | \$228.67 | \$220.29 |
| | Employee + 1 | \$532.34 | \$517.58 | \$522.34 | \$507.58 |
| | Employee + 2 or more | \$718.74 | \$691.75 | \$698.74 | \$671.75 |

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| | | 2017 Amount Paid by Employee | 2016 Amount Paid by Employee | 2017 Amount Paid by Employee | 2016 Amount Paid by Employee |
| PERSCare | Employee Only | \$119.37 | \$96.58 | \$114.37 | \$91.58 |
| | Employee + 1 | \$303.74 | \$260.16 | \$293.74 | \$250.16 |
| | Employee + 2 or more | \$421.56 | \$357.11 | \$401.56 | \$337.11 |
| PERS Choice | Employee Only | \$33.88 | \$10.70 | \$28.88 | \$5.70 |
| | Employee + 1 | \$132.76 | \$88.40 | \$122.76 | \$78.40 |
| | Employee + 2 or more | \$199.29 | \$133.82 | \$179.29 | \$113.82 |
| PERS Select California | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$23.45 | \$0.00 | \$3.45 | \$0.00 |
| Peace Officers Research Association of California (PORAC)* | Employee Only | \$0.00 | \$0.00 | | |
| | Employee + 1 | \$118.00 | \$56.00 | N/A | N/A |
| | Employee + 2 or more | \$149.00 | \$62.00 | | |
| Sharp Performance Plus California (Restricted to San Diego County) | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Unitedhealthcare Alliance HMO California | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Employee + 1 | \$23.34 | \$0.00 | \$13.34 | \$0.00 |
| | Employee + 2 or more | \$57.04 | \$0.00 | \$37.04 | \$0.00 |

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.

FLEXCASH

| FlexCash | Amount |
|--------------|-----------------|
| Medical | \$128 |
| Dental | \$12.00 |
| Total | \$140.00 |

FlexCash is available if you are eligible for health and dental coverage, and have other non-CSU group medical and/or dental coverage.

During Open Enrollment you may enroll or make changes to your existing FlexCash election.