

CalPERS 2014 Health Premiums - PPOs

August 1, 2014 - January 31, 2015*

* Please note that January 2015 RATES and DISTRICT CONTRIBUTION will CHANGE in January 2015 so January's payroll deduction will be different.

Rates shown are actual adjunct payment. The District subsidy has already been subtracted.

Basic	Adjunct		
	Single	2-Party	Family
Basic Premium Rates - Bay Area			
Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba			
PERS Choice	\$524.12	\$1,353.05	\$1,850.40
PERS Select	\$489.02	\$1,282.85	\$1,759.14
PERSCare	\$559.25	\$1,423.30	\$1,941.72

Basic Premium Rates - Sacramento			
El Dorado, Placer, Sacramento			
PERS Choice	\$494.39	\$1,293.58	\$1,773.08
PERS Select	\$460.62	\$1,226.04	\$1,685.29
PERSCare	\$528.31	\$1,361.42	\$1,861.30

Basic Premium Rates - Los Angeles Area			
Los Angeles, San Bernardino, Ventura			
PERS Choice	\$414.23	\$1,133.26	\$1,564.67
PERS Select	\$383.80	\$1,072.39	\$1,485.55
PERSCare	\$444.71	\$1,194.22	\$1,643.92

Basic Premium Rates - Other Southern California			
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare			
PERS Choice	\$429.90	\$1,164.60	\$1,605.42
PERS Select	\$398.78	\$1,102.37	\$1,524.52
PERSCare	\$461.06	\$1,226.93	\$1,686.44

Basic Premium Rates - Other Northern California			
Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne			
PERS Choice	\$464.50	\$1,233.79	\$1,695.37
PERS Select	\$431.99	\$1,168.78	\$1,610.84
PERSCare	\$497.12	\$1,299.05	\$1,780.20

Basic Premium Rates - Out of State			
PERS Choice	\$542.88	\$1,390.56	\$1,899.17
PERSCare	\$578.78	\$1,462.37	\$1,992.52

Medicare	Single	2-Party	Family
icare Premium Rates - All Regions			
PERS Choice	\$100.49	\$491.38	\$882.26
PERS Select	\$100.49	\$491.38	\$882.26
PERSCare	\$154.12	\$598.63	\$1,043.15

Dental & Vision	Single	2-Party	Family
Delta Dental (PPO)	\$66.16	\$132.78	\$166.75
SafeGuard Dental	\$25.15	\$47.77	\$60.38
VSP	\$13.21	\$19.15	\$22.39