



**Retiree Medical Premiums\***  
**January 1, 2018 to December 31, 2018**

<b>BAY AREA REGION</b>			
<i>Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, <b>Sutter, Yuba</b></i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	723.41	1,579.82	2,093.67
Anthem Blue Cross HMO Traditional	792.47	1,717.94	2,273.22
Blue Shield	756.02	1,645.04	2,178.45
Health Net SmartCare	730.48	1,593.96	2,112.05
Kaiser	646.86	1,426.72	1,894.64
PERS Select	584.50	1,302.00	1,732.50
PERSCare	749.45	1,631.90	2,161.37
PERSChoice	667.27	1,467.54	1,947.70
PORAC	601.00	1,407.00	1,837.00
Western Health Advantage	659.56	1,452.12	1,927.66
United Healthcare	1,238.84	2,610.68	3,433.78

<b>OTHER NORTHERN CALIFORNIA REGIONS</b>			
<i>Apline, 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</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	777.90	1,688.80	2,235.34
Anthem Blue Cross HMO Traditional	821.75	1,776.50	2,349.35
Blue Shield	761.43	1,655.86	2,192.52
Kaiser	662.43	1,457.86	1,935.12
PERS Select	558.78	1,250.56	1,665.63
PERSCare	733.93	1,600.86	2,121.02
PERSChoice	680.96	1,494.92	1,983.30
PORAC	601.00	1,407.00	1,837.00
Western Health Advantage	611.79	1,356.58	1,803.45
United Healthcare	1,072.55	2,278.10	3,001.43

<b>Sacramento Region</b>			
<i>El Dorado, Placer, Sacramento, Yolo</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	809.29	1,751.58	2,316.95
Anthem Blue Cross HMO Traditional	921.62	1,976.24	2,609.01
Blue Shield	673.71	1,480.42	1,964.45
Health Net SmartCare	847.82	1,828.64	2,417.13
Kaiser	570.96	1,274.92	1,697.30
PERS Select	551.90	1,236.80	1,647.74
PERSCare	664.61	1,462.22	1,940.79
PERSChoice	602.38	1,337.76	1,778.99
PORAC	601.00	1,407.00	1,837.00
United Healthcare	698.42	1,529.84	2,028.69

<b>*DELTA DENTAL/MES VISION</b>			
<i>*Must elect Health Coverage to qualify for Retiree dental/vision insurance.</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Base Dental/Vision \$1,500 yr	51.17	90.99	146.96
Premium Dental/Vision \$2,000yr	55.27	98.39	159.66

**Rates:**

\*Health Premiums have been reduced by \$133/mo for 2018