



Retiree Medical Premiums*
January 1, 2017 to December 31, 2017

BAY AREA REGION			
<i>Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	655.46	1438.92	1909.00
Anthem Blue Cross HMO Traditional	862.05	1852.10	2446.13
Blue Shield	896.85	1921.70	2536.61
Health Net SmartCare	605.29	1338.58	1778.55
Kaiser	605.39	1338.78	1778.81
PERS Select	608.27	1344.54	1786.30
PERSCare	804.39	1736.78	2296.21
PERSChoice	702.30	1532.60	2030.78
PORAC	571.00	1339.00	1748.00
United Healthcare	934.26	1996.52	2633.88

OTHER NORTHERN CALIFORNIA REGIONS			
<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	764.13	1656.26	2191.54
Anthem Blue Cross HMO Traditional	1041.87	2211.74	2913.66
Blue Shield	826.51	1781.02	2353.73
Blue Shield EPO	826.51	1781.02	2353.73
Kaiser	605.99	1339.98	1780.37
PERS Select	599.45	1326.90	1763.37
PERSCare	793.24	1714.48	2267.22
PERSChoice	692.38	1512.76	2004.99
PORAC	571.00	1339.00	1748.00
United Healthcare	754.35	1636.70	2166.11

Sacramento Region			
<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	779.08	1686.16	2230.41
Anthem Blue Cross HMO Traditional	1158.41	2444.82	3216.67
Blue Shield	731.42	1590.84	2106.49
Health Net SmartCare	544.66	1217.32	1620.92
Kaiser	562.56	1253.12	1667.46
PERS Select	513.47	1154.94	1539.82
PERSCare	684.40	1496.80	1984.24
PERSChoice	595.47	1318.94	1753.02
PORAC	571.00	1339.00	1748.00
United Healthcare	628.78	1385.56	1839.63

*DELTA DENTAL/MES VISION			
<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	53.97	95.99	155.46
Premium Dental/Vision \$2,000yr	58.37	103.89	168.96

Rates:

*Health Premiums have been reduced by \$128/mo for 2017