

	2018 PREMIUM RATES						2017-2018 Medical Insurance Premiums							
CAPPED AMOUNT: \$ 9,081.80														
	12 Month Premium													CalPER
	Blue Shield Access+ HMO	PERS Choice (80/20)	PERS Select	PERS Care (90/10)	UnitedHealth- care	Anthem Select	Anthem Traditonal	HealthNet SmartCare	Western Health Advantage	Kaiser	Delta Dental	Delta Dental 70/30	Vision Services	
Single	\$ 806.71	\$ 735.38	\$ 684.90	\$ 797.61	\$ 831.42	\$ 942.29	\$ 1,054.62	\$ 980.82	\$ 744.79	\$ 703.96	\$ 115.35	\$ 63.95	\$ 23.18	
Single+1	\$ 1,613.42	\$ 1,470.76	\$ 1,369.80	\$ 1,595.22	\$ 1,662.84	\$ 1,884.58	\$ 2,109.24	\$ 1,961.64	\$ 1,489.58	\$ 1,407.92	\$ 115.35	\$ 63.95	\$ 23.18	
Family	\$ 2,097.45	\$ 1,911.99	\$ 1,780.74	\$ 2,073.79	\$ 2,161.69	\$ 2,449.95	\$ 2,742.01	\$ 2,550.13	\$ 1,936.45	\$ 1,830.30	\$ 115.35	\$ 63.95	\$ 23.18	
	11 Month Premium													
	Blue Shield Access+ HMO	PERS Choice (80/20)	PERS Select	PERS Care (90/10)	UnitedHealth- care	Anthem Select	Anthem Traditonal	HealthNet SmartCare	Western Health Advantage	Kaiser	Delta Dental	Delta Dental 70/30	Vision Services	
Single	\$ 880.05	\$ 802.23	\$ 747.16	\$ 870.12	\$ 907.00	\$ 1,027.95	\$ 1,150.49	\$ 1,069.99	\$ 812.50	\$ 767.96	\$ 125.84	\$ 69.76	\$ 25.29	
Single+1	\$ 1,760.09	\$ 1,604.47	\$ 1,494.33	\$ 1,740.24	\$ 1,814.01	\$ 2,055.91	\$ 2,300.99	\$ 2,139.97	\$ 1,625.00	\$ 1,535.91	\$ 125.84	\$ 69.76	\$ 25.29	
Family	\$ 2,288.13	\$ 2,085.81	\$ 1,942.63	\$ 2,262.32	\$ 2,358.21	\$ 2,672.67	\$ 2,991.28	\$ 2,781.96	\$ 2,112.49	\$ 1,996.69	\$ 125.84	\$ 69.76	\$ 25.29	
	10 Month Premium													
	Blue Shield Access+ HMO	PERS Choice (80/20)	PERS Select	PERS Care (90/10)	UnitedHealth- care	Anthem Select	Anthem Traditonal	HealthNet SmartCare	Western Health Advantage	Kaiser	Delta Dental	Delta Dental 70/30	Vision Services	
Single	\$ 968.05	\$ 882.46	\$ 821.88	\$ 957.13	\$ 997.70	\$ 1,130.75	\$ 1,265.54	\$ 1,176.98	\$ 893.75	\$ 844.75	\$ 138.42	\$ 76.74	\$ 27.82	
Single+1	\$ 1,936.10	\$ 1,764.91	\$ 1,643.76	\$ 1,914.26	\$ 1,995.41	\$ 2,261.50	\$ 2,531.09	\$ 2,353.97	\$ 1,787.50	\$ 1,689.50	\$ 138.42	\$ 76.74	\$ 27.82	
Family	\$ 2,516.94	\$ 2,294.39	\$ 2,136.89	\$ 2,488.55	\$ 2,594.03	\$ 2,939.94	\$ 3,290.41	\$ 3,060.16	\$ 2,323.74	\$ 2,196.36	\$ 138.42	\$ 76.74	\$ 27.82	

[illegible]

2017-2018
Medical Insurance Premiums
Classified

CalPERS