

CalPERS Medical Plans

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Plan Code	Plan Name	2019 Monthly COBRA Premium		
		1 Party	2 Party	3 Party
181	Anthem Blue Cross Select HMO	\$757.75	\$1,515.50	\$1,970.14
180	Anthem Blue Cross Traditional HMO	\$1,055.17	\$2,110.34	\$2,743.44
172	Anthem Blue Cross EPO (Restricted to Del Norte County)	\$780.08	\$1,560.15	\$2,028.20
141	Blue Shield Access+	\$815.01	\$1,630.02	\$2,119.03
191	Blue Shield Access+ EPO (Restricted to Colusa, Mendocino & Sierra Counties)	\$815.01	\$1,630.02	\$2,119.03
184	Health Net Salud Y Mas	\$384.43	\$768.86	\$999.51
185	Health Net SmartCare	\$743.27	\$1,486.55	\$1,932.51
056	Kaiser Permanente (CA)	\$722.56	\$1,445.12	\$1,878.65
varies	Kaiser Permanente Out-of-State	\$983.97	\$1,967.95	\$2,558.33
222	PERS Choice	\$780.08	\$1,560.15	\$2,028.20
045	PERS Select	\$502.08	\$1,004.17	\$1,305.42
278	PERSCare	\$948.49	\$1,896.98	\$2,466.06
207	PORAC	\$789.48	\$1,655.46	\$2,117.52
189	Sharp (Restricted to San Diego County)	\$605.53	\$1,211.07	\$1,574.44
187	Unitedhealthcare Alliance	\$709.69	\$1,419.37	\$1,845.18
176	Western Health Advantage (Restricted to Bay Area, Sacramento, and other Northern regions)	\$720.93	\$1,441.85	\$1,874.40

CSU Dental Plans

Delta Dental PPO - Indemnity Plan				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
Delta Basic	4918-2091	Public Safety (Unit 8)	Single Person	\$31.06
		Excluded (E99)	Two People	\$58.67
		CalPERS Annuitants CalSTRS Annuitants	Three or More	\$117.80
Delta Enhanced Level I	4918-3091	Teaching Associates (Unit 11)	Single Person	\$37.78
		English Language Program Instructors (Unit 13)	Two People	\$71.48
			Three or More	\$147.38
Delta Enhanced Level II	4918-4091	Executive (M98)	Single Person Two People Three or More	\$46.77 \$88.25 \$172.41
		Management Personnel Plan (M80)		
		Confidential (C99)		
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
Teamsters (Unit 6)				
CMA Operating Engineers (Unit 10)				
FERP Annuitants				

DeltaCare USA (California residents only)				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
DeltaCare USA Basic	72034-0011	Public Safety (Unit 8)	Single Person Two People Three or More	\$19.23 \$31.70 \$46.89
		Excluded (E99)		
		Teaching Associates (Unit 11)		
		English Language Program Instructors (Unit 13)		
DeltaCare USA Enhanced	72034-0012	CalPERS Annuitants	Single Person Two People Three or More	\$25.54 \$42.16 \$62.34
		CalSTRS Annuitants		
		Executive (M98)		
		Management Personnel Plan (M80)		
		Confidential (C99)		
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
		Teamsters (Unit 6)		
CMA Operating Engineers (Unit 10)				
FERP Annuitants				

CSU Vision Plan – Actives and FERPs

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Actives		FERPs
	Basic (Group # 30059426)	Premier (Group # 30077022)	Premier (Group # 30077315)
	Monthly Premium	Monthly Premium	Monthly Premium
One Person	\$7.61	\$12.03	\$12.03
Two People	\$7.61	\$24.07	\$24.07
Three or More	\$7.61	\$38.75	\$38.75

CSU Voluntary Vision Plan – Retirees

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Retirees	
	Basic (Group # 30059425)	Premier (Group # 30078083)
	Monthly Premium	Monthly Premium
One Person	\$5.36	\$15.99
Two People	\$9.96	\$30.02
Three or More	\$10.68	\$32.22