

**2012 CalPERS Health Benefits Program
Basic Plan Rate Comparison**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2011			2012			
			Total Mo. Premium	Employee Mo. Ded.	Unit 6 Mo. Ded.	Total Mo. Premium	Total Mo. Premium Increase	Employee Mo. Ded.	Unit 6 Mo. Ded.
BLUE SHIELD ACCESS+ (HMO)	Employee Only	2051	\$601.68	\$59.68	\$54.68	\$622.90	3.53%	\$56.90	\$51.90
	Employee + 1 Dependent	2052	\$1,203.36	\$173.36	\$163.36	\$1,245.80	3.53%	\$171.80	\$161.80
	Employee + 2 or more	2053	\$1,564.37	\$238.37	\$218.37	\$1,619.54	3.53%	\$237.54	\$217.54
BLUE SHIELD NETVALUE ADVANTAGE (HMO)	Employee Only	1461	\$517.72	\$0.00	\$0.00	\$535.73	3.48%	\$0.00	\$0.00
	Employee + 1 Dependent	1462	\$1,035.44	\$5.44	\$0.00	\$1,071.46	3.48%	\$0.00	\$0.00
	Employee + 2 or more	1463	\$1,346.07	\$20.07	\$0.07	\$1,392.90	3.48%	\$10.90	\$0.00
KAISER PERMANENTE (HMO)	Employee Only	561	\$522.58	\$0.00	\$0.00	\$559.11	6.99%	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$1,045.16	\$15.16	\$5.16	\$1,118.22	6.99%	\$44.22	\$34.22
	Employee + 2 or more	563	\$1,358.71	\$32.71	\$12.71	\$1,453.69	6.99%	\$71.69	\$51.69
PERS-CARE (PPO)	Employee Only	2781	\$849.60	\$307.60	\$302.60	\$977.98	15.11%	\$411.98	\$406.98
	Employee + 1 Dependent	2782	\$1,699.20	\$669.20	\$659.20	\$1,955.96	15.11%	\$881.96	\$871.96
	Employee + 2 or more	2783	\$2,208.96	\$882.96	\$862.96	\$2,542.75	15.11%	\$1,160.75	\$1,140.75
PERS CHOICE (PPO)	Employee Only	2221	\$535.45	\$0.00	\$0.00	\$545.56	1.89%	\$0.00	\$0.00
	Employee + 1 Dependent	2222	\$1,070.90	\$40.90	\$30.90	\$1,091.12	1.89%	\$17.12	\$7.12
	Employee + 2 or more	2223	\$1,392.17	\$66.17	\$46.17	\$1,418.46	1.89%	\$36.46	\$16.46
PERS SELECT (PPO)	Employee Only	0451	\$468.24	\$0.00	\$0.00	\$463.12	-1.09%	\$0.00	\$0.00
	Employee + 1 Dependent	0452	\$936.48	\$0.00	\$0.00	\$926.24	-1.09%	\$0.00	\$0.00
	Employee + 2 or more	0453	\$1,217.42	\$0.00	\$0.00	\$1,204.11	-1.09%	\$0.00	\$0.00
PORAC* (PPO) UNIT 8 PUBLIC SAFETY ONLY	Employee Only	2071	\$527.00	\$0.00		\$556.00	5.50%	\$0.00	
	Employee + 1 Dependent	2072	\$987.00	\$0.00		\$1,041.00	5.47%	\$0.00	
	Employee + 2 or more	2073	\$1,254.00	\$0.00		\$1,323.00	5.50%	\$0.00	

HEALTH PLAN	PROVIDER INFORMATION	PHONE #	GROUP #
Blue Shield	www.blueshieldca.com	(800) 334-5847	PH0001
Blue Shield NetValue	www.blueshieldca.com	(800) 334-5847	PH0010
Kaiser	www.kp.org	(800) 464-400	003
PERS Choice	www.bluecrossca.com	(877) 737-7776	CB010A
PERS Select	www.bluecrossca.com	(877) 737-7776	SB050
PERS Care	www.bluecrossca.com	(877) 737-7776	KB010A
PORAC (Unit 8 only)	www.porac.org	(800) 288-6928	

CSU Contribution:	2011		2012	
	Gov't Code	Unit 6	Gov't Code	Unit 6
Employee Only	\$542	\$547	\$566	\$571
Employee +1 Dependent	\$1,030	\$1,040	\$1,074	\$1,084
Employee +2 or more	\$1,326	\$1,346	\$1,382	\$1,402

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.