



CalPERS Medical Plans - 2019 COBRA Premium

Plan Code	Plan Name	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 with monthly cost

Dental Plan	Group Number	1 Party	2 Party	3 Party
Delta Basic	4918-2091	\$21.06	\$58.67	\$117.80
Delta Enhanced Level I	4918-3091	\$37.78	\$71.48	\$147.28
Delta Enhanced Level II	4918-4091	\$46.77	\$88.25	\$172.41

Delta Care USA (California residents only) with monthly costs

Dental Plan	Group Number	1 Party	2 Party	3 Party
Delta USA Care Basic	72034-0011	\$19.23	\$31.70	\$46.89
Delta USA Enhanced	72034-0012	\$25.54	\$47.16	\$62.34

Eligible Groups for Delta Plans

Group	Basic	Enhanced I	Enhanced II	USA Care Basic	USA Care Enhanced
Public Safety (Unit 8)	Eligible			Eligible	
Excluded (E99)	Eligible			Eligible	
CalPERS Annuitants	Eligible			Eligible	
CalSTRS Annuitants	Eligible			Eligible	
Teaching Associates (Unit 11)		Eligible		Eligible	
Executive (M98)			Eligible		Eligible
Confidential (C99)			Eligible		Eligible
Physicians (Unit 1)			Eligible		Eligible

Group	Basic	Enhanced I	Enhanced II	USA Care Basic	USA Care Enhanced
CSUEU (Units 2, 5, 7, 9)			Eligible		Eligible
Faculty (Unit 3)			Eligible		Eligible
Academic Support (Unit 4)			Eligible		Eligible
Teamsters (Unit 6)			Eligible		Eligible
FERP Annuitants			Eligible		Eligible

CSU Vision Plan – Active and FERP

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

Active Employees

Vision Plan	Group Number	1 Party	2 Party	3 Party
VSP Basic	30059426	\$7.61	\$7.61	\$7.61
VSP Premier	30077022	\$12.03	\$24.07	\$38.75

FERP Employees

Vision Plan	Group Number	1 Party	2 Party	3 Party
VSP Premier	30077315	\$12.03	\$24.07	\$38.75

CSU Voluntary Vision Plan – Retirees

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

Vision Plan	Group Number	1 Party	2 Party	3 Party
VSP Basic	30059424	\$5.36	\$9.96	\$10.68
VSP Premier	30078083	\$15.99	\$30.02	\$32.22