

# CalPERS 2021 Regional COBRA Health Premiums

**Effective Date: January 1, 2021**

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

<b>Region 1</b>			
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba			
<b>Basic Monthly COBRA Premiums</b>			
<b>Plan</b>	<b>Single</b>	<b>2-Party</b>	<b>Family</b>
<b>Anthem EPO Del Norte</b>	\$954.56	\$1,909.11	\$2,481.84
<b>Anthem Select HMO</b>	944.11	1,888.22	2,454.69
<b>Anthem Traditional HMO</b>	1,334.02	2,668.03	3,468.45
<b>Blue Shield Access+</b>	1,193.48	2,386.96	3,103.05
<b>Blue Shield EPO</b>	1,193.48	2,386.96	3,103.05
<b>Blue Shield Trio*</b>	898.11	1,796.22	2,335.09
<b>Health Net SmartCare</b>	1,142.61	2,285.23	2,970.80
<b>Kaiser</b>	829.91	1,659.83	2,157.77
<b>PERS Choice</b>	954.56	1,909.11	2,481.84
<b>PERS Select</b>	578.00	1,156.01	1,502.81
<b>PERSCare</b>	1,320.58	2,641.17	3,433.51
<b>PORAC</b>	814.98	1,759.50	2,242.98
<b>UnitedHealthcare</b>	959.99	1,919.99	2,495.98
<b>Western Health Advantage</b>	772.16	1,544.32	2,007.62

\*Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento, and Yolo.

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<b>Region 2</b>			
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura			
<b>Basic Monthly COBRA Premiums</b>			
<b>Plan</b>	<b>Single</b>	<b>2-Party</b>	<b>Family</b>
<b>Anthem Select HMO</b>	\$688.18	\$1,376.37	\$1,789.27
<b>Anthem Traditional HMO</b>	1,066.96	2,133.92	2,774.09
<b>Blue Shield Access+</b>	957.74	1,915.48	2,490.13
<b>Blue Shield Trio*</b>	737.01	1,474.02	1,916.23
<b>Health Net Salud y Más</b>	467.83	935.67	1,216.37
<b>Health Net SmartCare</b>	784.49	1,568.98	2,039.68
<b>Kaiser</b>	683.17	1,366.33	1,776.23
<b>PERS Choice</b>	798.85	1,597.71	2,077.02
<b>PERS Select</b>	486.46	972.92	1,264.79
<b>PERSCare</b>	1,137.99	2,275.99	2,958.79
<b>PORAC</b>	763.98	1,528.98	1,999.20
<b>Sharp</b>	644.92	1,289.83	1,676.78
<b>UnitedHealthcare</b>	738.32	1,476.63	1,919.62

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<b>Region 3</b>			
Los Angeles, Riverside, San Bernardino			
<b>Basic Monthly COBRA Premiums</b>			
<b>Plan</b>	<b>Single</b>	<b>2-Party</b>	<b>Family</b>
<b>Anthem Select HMO</b>	\$651.88	\$1,303.76	\$1,694.89
<b>Anthem Traditional HMO</b>	1,003.89	2,007.79	2,610.13
<b>Blue Shield Access+</b>	851.58	1,703.16	2,214.10
<b>Blue Shield Trio*</b>	673.70	1,347.40	1,751.62
<b>Health Net Salud y Más</b>	421.14	842.28	1,094.96
<b>Health Net SmartCare</b>	705.31	1,410.62	1,833.81
<b>Kaiser</b>	683.24	1,366.47	1,776.41
<b>PERS Choice</b>	776.45	1,552.91	2,018.78
<b>PERS Select</b>	469.14	938.28	1,219.76
<b>PERSCare</b>	1,056.79	2,113.58	2,747.66
<b>PORAC</b>	739.50	1,479.00	1,931.88
<b>UnitedHealthcare</b>	735.31	1,470.62	1,911.80

\*Blue Shield Trio is only available in Los Angeles.

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<b>Out of State Basic Monthly COBRA Premiums</b>			
<b>Plan</b>	<b>Single</b>	<b>2-Party</b>	<b>Family</b>
<b>Kaiser<sup>1</sup></b>	\$1,060.95	\$2,121.91	\$2,758.48
<b>PERS Choice</b>	775.37	1,550.75	2,015.97
<b>PERSCare</b>	1,028.24	2,056.48	2,673.43
<b>PORAC</b>	916.98	1,887.00	2,267.46

<sup>1</sup>These premiums cover all Kaiser out-of-state areas.