

CalPERS 2021 Regional Health Premiums (Actives and Annuitants)**Effective Date: January 1, 2021****Region 3**

Los Angeles, Riverside, San Bernardino

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select	\$639.10	508	1	\$1,278.20	508	2	\$1,661.66	508	3
Anthem Blue Cross Traditional	984.21	511	1	1,968.42	511	2	2,558.95	511	3
Blue Shield Access+	834.88	527	1	1,669.76	527	2	2,170.69	527	3
Blue Shield Trio*	660.49	452	1	1,320.98	452	2	1,717.27	452	3
Health Net Salud y Más	412.88	532	1	825.76	532	2	1,073.49	532	3
Health Net SmartCare	691.48	530	1	1,382.96	530	2	1,797.85	530	3
Kaiser Permanente	669.84	535	1	1,339.68	535	2	1,741.58	535	3
PERS Choice	761.23	550	1	1,522.46	550	2	1,979.20	550	3
PERS Select	459.94	559	1	919.88	559	2	1,195.84	559	3
PERSCare	1,036.07	568	1	2,072.14	568	2	2,693.78	568	3
Peace Officers Research Assoc of CA	725.00	594	1	1,450.00	594	2	1,894.00	594	3
UnitedHealthcare SignatureValue Alliance	720.89	578	1	1,441.78	578	2	1,874.31	578	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$383.37	039	1	\$766.74	039	2	\$1,150.11	039	3
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	383.37	075	1	766.74	075	2	1,150.11	075	3
Anthem Blue Cross Medicare Preferred	383.37	517	1	766.74	517	2	1,150.11	517	3
Anthem Blue Cross Medicare Preferred Dental/Vision ¹	383.37	514	1	766.74	514	2	1,150.11	514	3
Kaiser Permanente Senior Advantage	324.48	538	1	648.96	538	2	973.44	538	3
Kaiser Permanente Senior Advantage plus Dental ²	324.48	544	1	648.96	544	2	973.44	544	3
PERS Choice Medicare Supplement	349.97	553	1	699.94	553	2	1,049.91	553	3
PERS Select Medicare Supplement	349.97	562	1	699.94	562	2	1,049.91	562	3
PERSCare Medicare Supplement	381.25	571	1	762.50	571	2	1,143.75	571	3
Peace Officers Research Assoc of CA Medicare Supplement	513.00	597	1	1,022.00	597	2	1,635.00	597	3
UnitedHealthcare Group Medicare Advantage	311.56	581	1	623.12	581	2	934.68	581	3
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	311.56	587	1	623.12	587	2	934.68	587	3

*Blue Shield Trio is only available in Los Angeles.

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.³Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

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Combination Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Rate	Subscriber in M, & 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$1,022.47	041	4	\$1,405.93	041	5	\$1,150.20	041	6
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,022.47	077	4	1,405.93	077	5	1,150.20	077	6
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.58	520	4	1,958.11	520	5	1,357.27	520	6
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,367.58	523	4	1,958.11	523	5	1,357.27	523	6
Kaiser Permanente and Senior Advantage	994.32	541	4	1,396.22	541	5	1,050.86	541	6
Kaiser Permanente and Senior Advantage plus Dental ²	994.32	547	4	1,396.22	547	5	1,050.86	547	6
PERS Choice and Medicare Supplement	1,111.20	556	4	1,567.94	556	5	1,156.68	556	6
PERS Select and Medicare Supplement	809.91	565	4	1,085.87	565	5	975.90	565	6
PERSCare and Medicare Supplement	1,417.32	574	4	2,038.96	574	5	1,384.14	574	6
Peace Officers Research Assoc of CA and Medicare Supplement	1,274.00	600	4	1,793.00	600	5	1,593.00	600	6
UnitedHealthcare Group Medicare Advantage	1,032.45	584	4	1,464.98	584	5	1,055.65	584	6
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,032.45	590	4	1,464.98	590	5	1,055.65	590	6

Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Rate	Subscriber in B, & 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$1,022.47	041	7	\$1,405.84	041	8	\$1,405.93	041	9
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,022.47	077	7	1,405.84	077	8	1,405.93	077	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.58	520	7	1,750.95	520	8	1,958.11	520	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,367.58	523	7	1,750.95	523	8	1,958.11	523	9
Kaiser Permanente and Senior Advantage	994.32	541	7	1,318.80	541	8	1,396.22	541	9
Kaiser Permanente and Senior Advantage plus Dental ²	994.32	547	7	1,318.80	547	8	1,396.22	547	9
PERS Choice and Medicare Supplement	1,111.20	556	7	1,461.17	556	8	1,567.94	556	9
PERS Select and Medicare Supplement	809.91	565	7	1,159.88	565	8	1,085.87	565	9
PERSCare and Medicare Supplement	1,417.32	574	7	1,798.57	574	8	2,038.96	574	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,268.00	600	7	1,847.00	600	8	1,678.00	600	9
UnitedHealthcare Group Medicare Advantage	1,032.45	584	7	1,344.01	584	8	1,464.98	584	9
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,032.45	590	7	1,344.01	590	8	1,464.98	590	9

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