# **CalPERS 2026 Regional Health Premiums (Actives and Annuitants)**

**Effective Date: January 1, 2026** 

### Region 1\*

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

San Mateo, Santa Ciara, Santa Cruz, Shasta, Sierra, Siskiyou, Solo	ano, conoma, ctant	naus, cu	itor, ro	nama,	Triffity, Tubiarrine, T	olo, i di	,u					
Basic Monthly Premiums (B)												
		Plan	Party	Party		Plan	Party	_	Subscriber &	Plan	Party	_
Plan	Subscriber	Code	Code	Rate	1 Dependent	Code	Code	Rate	2+ Dependents	Code	Code	Rate
Anthem Blue Cross Select HMO	\$1,336.29	506	1	1	\$2,672.58	506	2	2	\$3,474.35	506	3	3
Anthem Blue Cross Traditional HMO	\$1,612.08	509	1	1	\$3,224.16	509	2	2	\$4,191.41	509	3	3
Blue Shield Access+ HMO	\$1,301.95	525	1	1	\$2,603.90	525	2	2	\$3,385.07	525	3	3
Blue Shield Access+ EPO	\$1,301.95	524	1	1	\$2,603.90	524	2	2	\$3,385.07	524	3	3
Blue Shield Trio HMO	\$1,166.58	451	1	1	\$2,333.16	451	2	2	\$3,033.11	451	3	3
Kaiser Permanente	\$1,168.86	533	1	1	\$2,337.72	533	2	2	\$3,039.04	533	3	3
Peace Officers Research Assoc of CA	\$1,063.00	592	1	1	\$2,418.00	592	2	2	\$3,027.00	592	3	3
PERS Gold	\$1,120.58	648	1	1	\$2,241.16	648	2	2	\$2,913.51	648	3	3
PERS Platinum	\$1,670.14	657	1	1	\$3,340.28	657	2	2	\$4,342.36	657	3	3
UnitedHealthcare SignatureValue Alliance	\$1,290.06	576	1	1	\$2,580.12	576	2	2	\$3,354.16	576	3	3
UnitedHealthcare SignatureValue Harmony	\$1,133.09	495	1	1	\$2,266.18	495	2	2	\$2,946.03	495	3	3
Western Health Advantage HMO	\$969.58	591	1	1	\$1,939.16	591	2	2	\$2,520.91	591	3	3
<b>Supplement/Managed Medicare Monthly Premiu</b>	ms (M)											
		Plan	Party	Party	Subscriber &	Plan	Party	Party	Subscriber &	Plan	Party	Party
Plan	Subscriber	Code	Code	Rate	1 Dependent	Code	Code	Rate	2+ Dependents	Code	Code	Rate
Anthem Medicare Preferred PPO	\$571.70	515	1	4	\$1,143.40	515	2	5	\$1,715.10	515	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	\$571.70	512	1	4	\$1,143.40	512	2	5	\$1,715.10	512	3	6
Anthem Medicare Preferred PPO	\$571.70	455	1	4	\$1,143.40	455	2	5	\$1,715.10	455	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	\$571.70	459	1	4	\$1,143.40	459	2	5	\$1,715.10	459	3	6
Blue Shield Medicare PPO	\$539.43	011	1	4	\$1,078.86	011	2	5	\$1,618.29	011	3	6
Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>	\$539.43	016	1	4	\$1,078.86	016	2	5	\$1,618.29	016	3	6
Kaiser Permanente Senior Advantage	\$356.83	536	1	4	\$713.66	536	2	5	\$1,070.49	536	3	6
Kaiser Permanente Senior Advantage with Dental <sup>3</sup>	\$356.83	542	1	4	\$713.66	542	2	5	\$1,070.49	542	3	6
Kaiser Permanente Senior Advantage Summit	\$426.31	630	1	4	\$852.62	630	2	5	\$1,278.93	630	3	6
Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>	\$426.31	636	1	4	\$852.62	636	2	5	\$1,278.93	636	3	6
Peace Officers Research Assoc of CA Medicare Supplement	\$597.00	595	1	4	. ,	595	2	5	. ,	595	3	6
PERS Gold Medicare Supplement	\$597.57	651	1	4	\$1,195.14	651	2	5	\$1,792.71	651	3	6
PERS Platinum Medicare Supplement	\$665.50	661	1	4	\$1,331.00	661	2	5	\$1,996.50	661	3	6
UnitedHealthcare Group Medicare Advantage PPO	\$481.29	579	1	4	\$962.58	579	2	5	\$1,443.87	579	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>4</sup>	\$481.29	585	1	4	\$962.58	585	2	5	\$1,443.87	585	3	6

<sup>\*</sup>For health plan availability by county, please refer to the 2026 Health Benefit Summary or myCalPERS.

<sup>&</sup>lt;sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>2</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>3</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>4</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

## **CalPERS 2026 Regional Health Premiums (Actives and Annuitants)**

Effective Date: January 1, 2026

#### Region 1\*

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

Combination Monthly Premiums												
									Subscriber in M,			
	Subscriber in M, &	Plan	Party	Party	•	Plan	Party	Party	1 Dependent in M, &	Plan	•	Party
Plan	1 Dependent in B	Code	Code	Rate	2+ Dependents in B	Code	Code	Rate	1+ Dependent in B	Code	Code	Rate
Anthem Blue Cross Select HMO and Medicare Preferred	\$1,907.99	457	4	7	\$2,709.76	457	5	8	\$1,945.17	457	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with	Ψ1,307.33				Ψ2,103.10				Ψ1,9-10.17	701		
Dental/Vision <sup>1</sup>	\$1,907.99	460	4	7	\$2,709.76	460	5	8	\$1,945.17	460	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$2,183.78	518	4	7	\$3,151.03	518	5	8	\$2,110.65	518	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$2,183.78	521	4	7	\$3,151.03	521	5	8	\$2,110.65	521	6	9
Blue Shield Access+ HMO and Medicare	\$1,841.38	049	4	7	\$2,622.55	049	5	8	\$1,860.03	049	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	\$1,841.38	089	4	7	\$2,622.55	089	5	8	\$1,860.03		6	9
Blue Shield Access+ EPO and Medicare	\$1,841.38	092	4	7	\$2,622.55	092	5	8	\$1,860.03	092	6	9
Blue Shield Access+ EPO and Medicare with Dental/Vision <sup>3</sup>	\$1,841.38	093	4	7	\$2,622.55	093	5	8	\$1,860.03	093	6	9
Blue Shield Trio HMO and Medicare	\$1,706.01	094	4	7	\$2,405.96	094	5	8	\$1,778.81	094	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>4</sup>	\$1,706.01	097	4	7	\$2,405.96	097	5	8	\$1,778.81	097	6	9
Kaiser Permanente and Senior Advantage	\$1,525.69	539	4	7	\$2,227.01	539	5	8	\$1,414.98		6	9
Kaiser Permanente and Senior Advantage with Dental⁵	\$1,525.69	545	4	7	\$2,227.01	545	5	8	\$1,414.98	545	6	9
Kaiser Permanente and Senior Advantage Summit	\$1,595.17	633	4	7	\$2,296.49	633	5	8	\$1,553.94	633	6	9
Kaiser Permanente and Senior Advantage Summit with Dental <sup>5</sup>	\$1,595.17	639	4	7	\$2,296.49	639	5	8	\$1,553.94	639	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,952.00	598	4	7	\$2,561.00	598	5	8	\$1,918.00	598	6	9
PERS Gold and Medicare Supplement	\$1,718.15	654	4	7	\$2,390.50	654	5	8	\$1,867.49	654	6	9
PERS Platinum and Medicare Supplement	\$2,335.64	665	4	7	\$3,337.72	665	5	8	\$2,333.08	665	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,771.35	582	4	7	\$2,545.39	582	5	8	\$1,736.62	582	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>	\$1,771.35	588	4	7	\$2,545.39	588	5	8	\$1,736.62	588	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,614.38	497	4	7	\$2,294.23	497	5	8	\$1,642.43	497	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>	\$1,614.38	498	4	7	\$2,294.23	498	5	8	\$1,642.43	498	6	9

<sup>\*</sup>For health plan availability by county, please refer to the 2026 Health Benefit Summary or myCalPERS.

<sup>&</sup>lt;sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount. <sup>2</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount. <sup>3</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount. <sup>4</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount. <sup>5</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>6</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

### **CalPERS 2026 Regional Health Premiums (Actives and Annuitants)**

Effective Date: January 1, 2026

#### Region 1\*

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

**Combination Monthly Premiums (Continued)** Subscriber in B, Subscriber in B, & Party Party Plan **Party** Party Subscriber in B, & Plan Party Party 1 Dependent in M, & Plan 2+ Dependents in M Code 1 Dependent in M Code Code Code 1+ Dependent in B Code Rate Rate Rate Code Plan \$1,907.99 457 457 11 \$2,709.76 457 12 Anthem Blue Cross Select HMO and Medicare Preferred 10 \$2,479.69 8 Anthem Blue Cross Select HMO and Medicare Preferred with \$1,907.99 460 7 10 460 11 460 12 \$2,479.69 8 \$2,709.76 9 Dental/Vision<sup>1</sup> \$2,183,78 Anthem Blue Cross Traditional HMO and Medicare Preferred 518 7 10 \$2,755.48 518 8 11 \$3,151.03 518 9 12 Anthem Blue Cross Traditional HMO and Medicare Preferred with 7 521 10 521 11 12 \$2,183.78 \$2,755.48 8 \$3,151.03 521 9 Dental/Vision<sup>1</sup> 7 049 \$2,622.55 \$1,841.38 049 \$2,380.81 8 049 12 Blue Shield Access+ HMO and Medicare 10 11 9 \$2,622.55 12 \$1,841.38 089 7 \$2,380.81 089 8 11 089 10 9 Blue Shield Access+ HMO and Medicare with Dental/Vision<sup>2</sup> 7 12 \$1,841.38 11 092 9 092 10 \$2,380.81 092 8 \$2,622.55 Blue Shield Access+ EPO and Medicare 7 11 \$2,622.55 093 12 \$1,841.38 093 10 \$2,380.81 093 9 Blue Shield Access+ EPO and Medicare with Dental/Vision<sup>3</sup> 7 12 \$1,706.01 10 8 11 094 9 Blue Shield Trio HMO and Medicare 094 \$2,245.44 094 \$2,405.96 7 \$2,405,96 12 \$1,706.01 097 \$2,245.44 097 8 11 097 9 10 Blue Shield Trio HMO and Medicare with Dental/Vision<sup>4</sup> 7 12 \$1,882.52 11 539 9 Kaiser Permanente and Senior Advantage \$1,525.69 539 10 539 8 \$2,227.01 7 \$1,882.52 545 \$2,227.01 12 \$1,525.69 545 10 8 11 545 9 Kaiser Permanente and Senior Advantage with Dental<sup>5</sup> 7 \$2,021.48 \$2,296.49 12 Kaiser Permanente and Senior Advantage Summit \$1,595.17 633 10 633 8 11 633 9 \$2,296.49 12 \$1,595.17 639 10 \$2,021.48 639 8 11 639 9 Kaiser Permanente and Senior Advantage Summit with Dental<sup>5</sup> Peace Officers Research Assoc of CA and Medicare Supplement \$1,660.00 7 598 8 \$2.561.00 12 598 10 \$2,385.00 11 598 9 \$1.718.15 \$2.315.72 654 654 12 654 11 \$2,390.50 9 PERS Gold and Medicare Supplement 10 7 \$3,337,72 12 \$2,335.64 665 10 \$3,001.14 665 8 11 665 9 **PERS Platinum and Medicare Supplement** UnitedHealthcare SignatureValue Alliance and Group Medicare 7 \$1,771.35 582 10 \$2,252.64 582 8 11 \$2,545.39 582 9 12 **Advantage PPO** UnitedHealthcare SignatureValue Alliance and Group Medicare 7 10 588 8 12 588 11 \$2,545.39 588 \$1,771.35 \$2,252.64 Advantage PPO with Dental/Vision<sup>6</sup> UnitedHealthcare SignatureValue Harmony and Group Medicare 7 497 10 497 8 11 497 9 12 \$1,614.38 \$2,095.67 \$2,294.23 Advantage PPO UnitedHealthcare SignatureValue Harmony and Group Medicare 498 10 498 8 11 \$2,294.23 498 9 12 \$1,614.38 \$2,095.67 Advantage PPO with Dental/Vision<sup>6</sup>

<sup>\*</sup>For health plan availability by county, please refer to the 2026 Health Benefit Summary or myCalPERS.

<sup>&</sup>lt;sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount. <sup>2</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount. <sup>3</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount. <sup>4</sup>Dental and Vision coverage is an additional \$40.31 per member per month premium. You will be billed directly for this amount. <sup>5</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>6</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.