CalPERS 2026 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2026

Region 2*

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	$1,016.32	507	1	1	$2,032.64	507	2	2	$2,642.43	507	3	3
Anthem Blue Cross Traditional HMO	$1,158.26	510	1	1	$2,316.52	510	2	2	$3,011.48	510	3	3
Blue Shield Access+ HMO	$1,052.89	526	1	1	$2,105.78	526	2	2	$2,737.51	526	3	3
Blue Shield EPO	$1,052.89	029	1	1	$2,105.78	029	2	2	$2,737.51	029	3	3
Blue Shield Trio HMO	$936.58	088	1	1	$1,873.16	088	2	2	$2,435.11	088	3	3
Health Net Salud y Más	$879.57	531	1	1	$1,759.14	531	2	2	$2,286.88	531	3	3
Kaiser Permanente	$987.69	534	1	1	$1,975.38	534	2	2	$2,567.99	534	3	3
Peace Officers Research Association of CA	$1,057.00	593	1	1	$2,127.00	593	2	2	$2,708.00	593	3	3
PERS Gold	$956.28	649	1	1	$1,912.56	649	2	2	$2,486.33	649	3	3
PERS Platinum	$1,426.24	658	1	1	$2,852.48	658	2	2	$3,708.22	658	3	3
Sharp Performance Plus	$916.20	575	1	1	$1,832.40	575	2	2	$2,382.12	575	3	3
UnitedHealthcare SignatureValue Alliance	$950.99	577	1	1	$1,901.98	577	2	2	$2,472.57	577	3	3
UnitedHealthcare SignatureValue Harmony	$857.14	399	1	1	$1,714.28	399	2	2	$2,228.56	399	3	3

Medicare (M) Advantage Monthly Premiums

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Medicare Preferred PPO	$571.70	516	1	4	$1,143.40	516	2	5	$1,715.10	516	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$571.70	513	1	4	$1,143.40	513	2	5	$1,715.10	513	3	6
Anthem Medicare Preferred PPO	$571.70	038	1	4	$1,143.40	038	2	5	$1,715.10	038	3	6
Anthem Medicare Preferred PPO Dental/Vision[1]	$571.70	074	1	4	$1,143.40	074	2	5	$1,715.10	074	3	6
Blue Shield Medicare PPO	$539.43	012	1	4	$1,078.86	012	2	5	$1,618.29	012	3	6
Blue Shield Medicare PPO with Dental/Vision[2]	$539.43	017	1	4	$1,078.86	017	2	5	$1,618.29	017	3	6
Kaiser Permanente Senior Advantage	$356.83	537	1	4	$713.66	537	2	5	$1,070.49	537	3	6
Kaiser Permanente Senior Advantage with Dental[3]	$356.83	543	1	4	$713.66	543	2	5	$1,070.49	543	3	6
Kaiser Permanente Senior Advantage Summit	$426.31	631	1	4	$852.62	631	2	5	$1,278.93	631	3	6
Kaiser Permanente Senior Advantage Summit with Dental[3]	$426.31	637	1	4	$852.62	637	2	5	$1,278.93	637	3	6
Sharp Direct Advantage HMO	$291.38	024	1	4	$582.76	024	2	5	$874.14	024	3	6
Sharp Direct Advantage HMO with Dental[4]	$291.38	026	1	4	$582.76	026	2	5	$874.14	026	3	6
UnitedHealthcare Group Medicare Advantage PPO	$481.29	580	1	4	$962.58	580	2	5	$1,443.87	580	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision[5]	$481.29	586	1	4	$962.58	586	2	5	$1,443.87	586	3	6

Medicare (M) Supplement Monthly Premiums

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Peace Officers Research Association of CA Medicare Supplement	$597.00	596	1	4	$1,322.00	596	2	5	$1,791.00	596	3	6
PERS Gold Medicare Supplement	$597.57	652	1	4	$1,195.14	652	2	5	$1,792.71	652	3	6
PERS Platinum Medicare Supplement	$665.50	662	1	4	$1,331.00	662	2	5	$1,996.50	662	3	6

*For health plan availability by county, please refer to the 2026 Health Benefit Summary or myCalPERS.

[1]Dental and Vision coverage is an additional $38.00 per member per month premium. You will be billed directly for this amount.

[2]Dental and Vision coverage is an additional $40.31 per member per month premium. You will be billed directly for this amount.

[3]Dental benefit is an additional $15.97 per member per month premium. You will be billed directly for this amount.

[4]Dental benefit is an additional $11.77 per member per month premium. You will be billed directly for this amount.

[5]Dental and Vision coverage is an additional $29.54 per member per month premium. You will be billed directly for this amount.

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Combination (Basic & Medicare Advantage) Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	$1,588.02	040	4	7	$2,197.81	040	5	8	$1,753.19	040	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$1,588.02	076	4	7	$2,197.81	076	5	8	$1,753.19	076	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	$1,729.96	519	4	7	$2,424.92	519	5	8	$1,838.36	519	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$1,729.96	522	4	7	$2,424.92	522	5	8	$1,838.36	522	6	9
Blue Shield Access+ HMO and Medicare	$1,592.32	050	4	7	$2,224.05	050	5	8	$1,710.59	050	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision[2]	$1,592.32	090	4	7	$2,224.05	090	5	8	$1,710.59	090	6	9
Blue Shield EPO and Medicare	$1,592.32	031	4	7	$2,224.05	031	5	8	$1,710.59	031	6	9
Blue Shield EPO and Medicare with Dental/Vision[3]	$1,592.32	032	4	7	$2,224.05	032	5	8	$1,710.59	032	6	9
Blue Shield Trio HMO and Medicare	$1,476.01	095	4	7	$2,037.96	095	5	8	$1,640.81	095	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision[4]	$1,476.01	098	4	7	$2,037.96	098	5	8	$1,640.81	098	6	9
Kaiser Permanente and Senior Advantage	$1,344.52	540	4	7	$1,937.13	540	5	8	$1,306.27	540	6	9
Kaiser Permanente and Senior Advantage with Dental[5]	$1,344.52	546	4	7	$1,937.13	546	5	8	$1,306.27	546	6	9
Kaiser Permanente and Senior Advantage Summit	$1,414.00	634	4	7	$2,006.61	634	5	8	$1,445.23	634	6	9
Kaiser Permanente and Senior Advantage Summit with Dental[5]	$1,414.00	640	4	7	$2,006.61	640	5	8	$1,445.23	640	6	9
Sharp Performance Plus and Direct Advantage HMO	$1,207.58	025	4	7	$1,757.30	025	5	8	$1,132.48	025	6	9
Sharp Performance Plus and Direct Advantage HMO with Dental[6]	$1,207.58	027	4	7	$1,757.30	027	5	8	$1,132.48	027	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	$1,432.28	583	4	7	$2,002.87	583	5	8	$1,533.17	583	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision[7]	$1,432.28	589	4	7	$2,002.87	589	5	8	$1,533.17	589	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	$1,338.43	773	4	7	$1,852.71	773	5	8	$1,476.86	773	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision[7]	$1,338.43	775	4	7	$1,852.71	775	5	8	$1,476.86	775	6	9

Combination (Basic & Medicare Advantage) Monthly Premiums - Continued

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	$1,588.02	040	7	10	$2,159.72	040	8	11	$2,197.81	040	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$1,588.02	076	7	10	$2,159.72	076	8	11	$2,197.81	076	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	$1,729.96	519	7	10	$2,301.66	519	8	11	$2,424.92	519	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$1,729.96	522	7	10	$2,301.66	522	8	11	$2,424.92	522	9	12
Blue Shield Access+ HMO and Medicare	$1,592.32	050	7	10	$2,131.75	050	8	11	$2,224.05	050	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision[2]	$1,592.32	090	7	10	$2,131.75	090	8	11	$2,224.05	090	9	12
Blue Shield EPO and Medicare	$1,592.32	031	7	10	$2,131.75	031	8	11	$2,224.05	031	9	12
Blue Shield EPO and Medicare with Dental/Vision[3]	$1,592.32	032	7	10	$2,131.75	032	8	11	$2,224.05	032	9	12
Blue Shield Trio HMO and Medicare	$1,476.01	095	7	10	$2,015.44	095	8	11	$2,037.96	095	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision[4]	$1,476.01	098	7	10	$2,015.44	098	8	11	$2,037.96	098	9	12
Kaiser Permanente and Senior Advantage	$1,344.52	540	7	10	$1,701.35	540	8	11	$1,937.13	540	9	12
Kaiser Permanente and Senior Advantage with Dental[5]	$1,344.52	546	7	10	$1,701.35	546	8	11	$1,937.13	546	9	12
Kaiser Permanente and Senior Advantage Summit	$1,414.00	634	7	10	$1,840.31	634	8	11	$2,006.61	634	9	12
Kaiser Permanente and Senior Advantage Summit with Dental[5]	$1,414.00	640	7	10	$1,840.31	640	8	11	$2,006.61	640	9	12
Sharp Performance Plus and Direct Advantage HMO	$1,207.58	025	7	10	$1,498.96	025	8	11	$1,757.30	025	9	12
Sharp Performance Plus and Direct Advantage HMO with Dental[6]	$1,207.58	027	7	10	$1,498.96	027	8	11	$1,757.30	027	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	$1,432.28	583	7	10	$1,913.57	583	8	11	$2,002.87	583	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision[7]	$1,432.28	589	7	10	$1,913.57	589	8	11	$2,002.87	589	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	$1,338.43	773	7	10	$1,819.72	773	8	11	$1,852.71	773	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision[7]	$1,338.43	775	7	10	$1,819.72	775	8	11	$1,852.71	775	9	12

Combination (Basic & Medicare Supplement) Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Peace Officers Research Association of CA and Medicare Supplement	$1,667.00	599	4	7	$2,247.00	599	5	8	$1,888.00	599	6	9
PERS Gold and Medicare Supplement	$1,553.85	655	4	7	$2,127.62	655	5	8	$1,768.91	655	6	9
PERS Platinum and Medicare Supplement	$2,091.74	666	4	7	$2,947.48	666	5	8	$2,186.74	666	6	9

Combination (Basic & Medicare Supplement) Monthly Premiums - Continued

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Peace Officers Research Association of CA and Medicare Supplement	$1,654.00	599	7	10	$2,071.00	599	8	11	$2,247.00	599	9	12
PERS Gold and Medicare Supplement	$1,553.85	655	7	10	$2,151.42	655	8	11	$2,127.62	655	9	12
PERS Platinum and Medicare Supplement	$2,091.74	666	7	10	$2,757.24	666	8	11	$2,947.48	666	9	12

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[3]Dental and Vision coverage is an additional $40.31 per member per month premium. You will be billed directly for this amount.

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[7]Dental and Vision coverage is an additional $29.54 per member per month premium. You will be billed directly for this amount.