## 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 (B) Monthly Premiums** Plan Party **Party** Subscriber & Plan Party Party Subscriber & Plan **Party Party** Subscriber Code Code Rate 1 Dependent Code Code Rate 2+ Dependents Code Code Rate Plan \$1,016.32 507 \$2,032.64 507 \$2,642.43 507 **Anthem Blue Cross Select HMO** 510 \$1,158.26 510 \$2,316.52 \$3,011.48 510 **Anthem Blue Cross Traditional HMO** Blue Shield Access+ HMO \$1,052.89 526 \$2,105.78 526 2 \$2,737.51 526 1 Blue Shield Access+ EPO 2 \$1,052.89 029 1 \$2,105.78 029 \$2,737.51 029 2 \$936.58 088 1 \$1,873.16 088 2 \$2,435.11 088 Blue Shield Trio HMO \$879.57 531 1 \$1,759.14 531 2 \$2,286.88 531 Health Net Salud y Más 2 \$987.69 534 1 534 2 \$2,567.99 534 Kaiser Permanente \$1,975.38 3 2 593 593 593 \$1,057.00 \$2,127.00 \$2,708.00 Peace Officers Research Assoc of CA \$956.28 649 649 2 \$2,486.33 649 PERS Gold 11 \$1,912.56 2 3 2 PERS Platinum \$1,426.24 658 \$2,852.48 658 \$3,708.22 658 Sharp Performance Plus \$916.20 575 1 \$1,832.40 575 2 \$2,382.12 575 UnitedHealthcare SignatureValue Alliance \$950.99 577 \$1,901.98 577 2 \$2,472.57 577 UnitedHealthcare SignatureValue Harmony \$857.14 399 \$1,714.28 399 2 \$2,228.56 399 3 **Medicare (M) Advantage Monthly Premiums** Plan Subscriber & Party Subscriber & Plan Party Party Party Plan Party Party Subscribe Code Code Code 2+ Dependents Code Rate 1 Dependent Code Rate Code Rate Plan **Anthem Medicare Preferred PPO** \$571.70 516 516 516 \$1,143.40 2 5 \$1,715.10 Anthem Medicare Preferred PPO with \$571.70 513 \$1,143.40 513 \$1,715.10 513 Dental/Vision<sup>1</sup> \$571.70 038 \$1,143.40 038 2 \$1,715.10 038 **Anthem Medicare Preferred PPO Anthem Medicare Preferred PPO** 2 074 074 074 \$571.70 \$1,143.40 \$1,715.10 Dental/Vision<sup>1</sup> \$539.43 012 \$1,078.86 012 2 012 Blue Shield Medicare PPO \$1,618.29 \$1,078.86 \$539.43 017 017 2 5 \$1,618.29 017 Blue Shield Medicare PPO with Dental/Vision<sup>2</sup> 1 Kaiser Permanente Senior Advantage 2 \$356.83 537 \$713.66 537 5 \$1,070.49 537 Kaiser Permanente Senior Advantage with \$356.83 543 \$713.66 543 543 \$1,070.49 Dental<sup>3</sup> \$426.31 631 \$852.62 631 2 5 \$1,278.93 631 1 Kaiser Permanente Senior Advantage Summit 3 Kaiser Permanente Senior Advantage Summit 2 \$426.31 637 \$852.62 637 \$1,278.93 637 with Dental<sup>3</sup> \$291.38 \$582.76 Sharp Direct Advantage HMO 024 024 2 \$874.14 024 026 \$291.38 026 \$582.76 \$874.14 026 Sharp Direct Advantage HMO with Dental<sup>4</sup> UnitedHealthcare Group Medicare Advantage 580 580 580 \$481.29 \$962.58 \$1,443.87 UnitedHealthcare Group Medicare Advantage 586 586 586 \$481.29 \$962.58 \$1,443.87 PPO with Dental/Vision<sup>5</sup> **Medicare (M) Supplement Monthly Premiums** Party Subscriber & Subscriber & Plan Party Plan Party Party Party Party 2+ Dependents Subscriber Code Code Rate 1 Dependent Code Code Rate Code Code Rate Plan **Peace Officers Research Assoc of CA** \$597.00 596 \$1,322.00 596 \$1,791.00 596 Medicare Supplement \$597.57 652 \$1,195.14 652 \$1,792.71 652 **PERS Gold Medicare Supplement** 2 5

2

\$1,996.50

662

\$1,331.00

\$665.50

**PERS Platinum Medicare Supplement** \*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>&</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 benefit is an additional \$11.77 per member per month premium. You will be billed directly for this amount.

<sup>&</sup>lt;sup>5</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)

Region 2*	Oranga Can Diaga	Caralini	- Objec	- C	to Darbara Tulara V	/antuna						
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura  Combination (Basic & Medicare Advantage) Monthly Premiums												
									Subscriber in M,			
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	1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Pa R
nthem Blue Cross Select HMO and Medicare	\$1,588.02	040	4	7	\$2,197.81	040	5	8	\$1,753.19	040	6	
referred Inthem Blue Cross Select HMO and Medicare			_						• •			
referred with Dental/Vision <sup>1</sup> Inthem Blue Cross Traditional HMO and	\$1,588.02	076	4	7	\$2,197.81	076	5	8	\$1,753.19	076	6	
ledicare Preferred	\$1,729.96	519	4	7	\$2,424.92	519	5	8	\$1,838.36	519	6	
Inthem Blue Cross Traditional HMO and ledicare Preferred with Dental/Vision <sup>1</sup>	\$1,729.96	522	4	7	\$2,424.92	522	5	8	\$1,838.36	522	6	
lue Shield Access+ HMO and Medicare	\$1,592.32	050	4	7	\$2,224.05	050	5	8	\$1,710.59	050	6	
Ilue Shield Access+ HMO and Medicare with ental/Vision <sup>2</sup>	\$1,592.32	090	4	7	\$2,224.05	090	5	8	\$1,710.59	090	6	
lue Shield Access+ EPO and Medicare	\$1,592.32	031	4	7	\$2,224.05	031	5	8	\$1,710.59	031	6	
Ilue Shield Access+ EPO and Medicare with ental/Vision <sup>3</sup>	\$1,592.32	032	4	7	\$2,224.05	032	5	8	\$1,710.59	032	6	
lue Shield Trio HMO and Medicare	\$1,476.01	095	4	7	\$2,037.96	095	5	8	\$1,640.81	095	6	
lue Shield Trio HMO and Medicare with ental/Vision <sup>4</sup>	\$1,476.01	098	4	7	\$2,037.96	098	5	8	\$1,640.81	098	6	ĺ
aiser Permanente and Senior Advantage	\$1,344.52	540	4	7	\$1,937.13	540	5	8	\$1,306.27	540	6	<u> </u>
aiser Permanente and Senior Advantage vith Dental⁵	\$1,344.52	546	4	7	\$1,937.13	546	5	8	\$1,306.27	546	6	
aiser Permanente and Senior Advantage	\$1,414.00	634	4	7	\$2,006.61	634	5	8	\$1,445.23	634	6	
ummit aiser Permanente and Senior Advantage	\$1,414.00	640	4	7	\$2,006.61	640	5	8	\$1,445.23	640	6	
ummit with Dental <sup>5</sup> harp Performance Plus and Direct			_						·			
dvantage HMO harp Performance Plus and Direct	\$1,207.58	025	4	7	\$1,757.30	025	5	8	\$1,132.48	025	6	
dvantage HMO with Dental <sup>6</sup>	\$1,207.58	027	4	7	\$1,757.30	027	5	8	\$1,132.48	027	6	<u> </u>
nitedHealthcare SignatureValue Alliance nd Group Medicare Advantage PPO	\$1,432.28	583	4	7	\$2,002.87	583	5	8	\$1,533.17	583	6	
InitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with tental/Vision <sup>7</sup>	\$1,432.28	589	4	7	\$2,002.87	589	5	8	\$1,533.17	589	6	
nitedHealthcare SignatureValue Harmony nd Group Medicare Advantage PPO	\$1,338.43	773	4	7	\$1,852.71	773	5	8	\$1,476.86	773	6	
nitedHealthcare SignatureValue Harmony nd Group Medicare Advantage PPO with ental/Vision <sup>7</sup>	\$1,338.43	775	4	7	\$1,852.71	775	5	8	\$1,476.86	775	6	
ombination (Basic & Medicare A	dvantage) Montl	hly Prer	niums	S -Cor	ntinued							
	Subscriber in B, &	Plan	Party	Party	Subscriber in B, &	Plan	Party	Party	Subscriber in B, 1 Dependent in M, &	Plan	Party	
lan	1 Dependent in M		•	Rate	2+ Dependents in M	Code	Code	Rate	1+ Dependent in B	Code	-	
nthem Blue Cross Select HMO and Medicare referred	\$1,588.02	040	7	10	\$2,159.72	040	8	11	\$2,197.81	040	9	
nthem Blue Cross Select HMO and Medicare	\$1,588.02	076	7	10	\$2,159.72	076	8	11	\$2,197.81	076	9	
referred with Dental/Vision <sup>1</sup> nthem Blue Cross Traditional HMO and	\$1,729.96	519	7	10	\$2,301.66	519	8	11	\$2,424.92	519	9	
edicare Preferred nthem Blue Cross Traditional HMO and	i i				, ,							
edicare Preferred with Dental/Vision <sup>1</sup>	\$1,729.96		7	10	,		8	11	\$2,424.92	522	9	
lue Shield Access+ HMO and Medicare lue Shield Access+ HMO and Medicare with	\$1,592.32		7	10	,		8	11	\$2,224.05	050	9	
ental/Vision <sup>2</sup>	\$1,592.32		7	10	, ,	090	8	11	\$2,224.05	090	9	
lue Shield Access+ EPO and Medicare lue Shield Access+ EPO and Medicare with	\$1,592.32	031	7	10	\$2,131.75	031	8	11	\$2,224.05	031	9	
ental/Vision <sup>3</sup>	\$1,592.32		- 7	10	, ,		8	11	\$2,224.05	032	9	
lue Shield Trio HMO and Medicare lue Shield Trio HMO and Medicare with	\$1,476.01	095	7	10	+ /		8	11	\$2,037.96	095	9	
ental/Vision <sup>4</sup>	\$1,476.01	098	7	10	' /	098	8	11	\$2,037.96	098	9	
aiser Permanente and Senior Advantage aiser Permanente and Senior Advantage	\$1,344.52			10	, ,		8	11	\$1,937.13	540	9	
ith Dental <sup>5</sup>	\$1,344.52	546	7	10	\$1,701.35	546	8	11	\$1,937.13	546	9	
aiser Permanente and Senior Advantage ummit	\$1,414.00	634	7	10	\$1,840.31	634	8	11	\$2,006.61	634	9	
aiser Permanente and Senior Advantage ummit with Dental <sup>5</sup>	\$1,414.00	640	7	10	\$1,840.31	640	8	11	\$2,006.61	640	9	1
harp Performance Plus and Direct	\$1,207.58	025	7	10	\$1,498.96	025	8	11	\$1,757.30	025	9	 
dvantage HMO harp Performance Plus and Direct	\$1,207.58		7	10	. ,		8	11	\$1,757.30	027	9	 
dvantage HMO with Dental <sup>6</sup> nitedHealthcare SignatureValue Alliance					, , , , , ,							
nd Group Medicare Advantage PPO	\$1,432.28	583	7	10	\$1,913.57	583	8	11	\$2,002.87	583	9	
nitedHealthcare SignatureValue Alliance nd Group Medicare Advantage PPO with ental/Vision <sup>7</sup>	\$1,432.28	589	7	10	\$1,913.57	589	8	11	\$2,002.87	589	9	
nitedHealthcare SignatureValue Harmony nd Group Medicare Advantage PPO	\$1,338.43	773	7	10	\$1,819.72	773	8	11	\$1,852.71	773	9	_
nitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with	\$1,338.43	775	7	10	\$1,819.72	775	8	11	\$1,852.71	775	9	
ental/Vision <sup>7</sup> ombination (Basic & Medicare Si	upplement) Mon	thly Pre	emiun	15								
	Subscriber in M, &	Plan	Party	Party	Subscriber in M, &	Plan	Party	Party	Subscriber in M, 1 Dependent in M, &	Plan	Party	
lan eace Officers Research Assoc of CA and	1 Dependent in B		Code	Rate	2+ Dependents in B		Code	Rate	1+ Dependent in B	Code	Code	
edicare Supplement	\$1,667.00		4	7	\$2,247.00	599	5	8	\$1,888.00	599	6	
ERS Gold and Medicare Supplement ERS Platinum and Medicare Supplement	\$1,553.85 \$2,091.74			7	\$2,127.62 \$2,947.48	655 666	5 5		\$1,768.91 \$2,186.74	655 666	6 6	_
ombination (Basic & Medicare Supplement						300	J	U	ΨΖ, 100.74	000	U	
									Subscriber in B,			
lan	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	1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	
eace Officers Research Assoc of CA and	\$1,654.00	599	7	10	\$2,071.00	599	8	11	\$2,247.00	599	9	
edicare Supplement ERS Gold and Medicare Supplement	\$1,553.85			10		655	8	11	\$2,127.62	655		
ino cola alla modicalo cappionioni	¥ .,000.00	,	• •		ΨΖ, 101. τΖ	0001	O i		<b>Y</b> —, .— <b>V</b> —.	OOOI	• .	

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<sup>&</sup>lt;sup>7</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.