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

Effective Date: January 1, 2026

Region 3*												
Los Angeles, Riverside, San Bernardino												
Basic Monthly Premiums (B)												
		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 Blue Cross Select HMO	\$962.68	508	1	1	\$1,925.36	508	2	2	\$2,502.97	508	3	3
Anthem Blue Cross Traditional HMO	\$1,128.53	511	1	1	\$2,257.06	511	2	2	\$2,934.18	511	3	3
Blue Shield Access+ HMO	\$917.91	527	1	1	\$1,835.82	527	2	2	\$2,386.57	527	3	3
Blue Shield Trio HMO	\$852.56	452	1	1	\$1,705.12	452	2	2	\$2,216.66	452	3	3
Health Net Salud y Más	\$740.11	532	1	1	\$1,480.22	532	2	2	\$1,924.29	532	3	3
Kaiser Permanente	\$969.05	535	1	1	\$1,938.10	535	2	2	\$2,519.53	535	3	3
Peace Officers Research Assoc of CA	\$1,057.00	594	1	1	\$2,127.00	594	2	2	\$2,708.00	594	3	3
PERS Gold	\$960.03	650	1	1	\$1,920.06	650	2	2	\$2,496.08	650	3	3
PERS Platinum	\$1,431.81	659	1	1	\$2,863.62	659	2	2	\$3,722.71	659	3	3
UnitedHealthcare SignatureValue Alliance	\$870.76	578	1	1	\$1,741.52	578	2	2	\$2,263.98	578	3	3
UnitedHealthcare SignatureValue Harmony	\$765.51	475	1	1	\$1,531.02	475	2	2	\$1,990.33	475	3	3
Supplement/Managed Medicare M	onthly Premiu	ms (M)										
9		()										
		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	517	1	4	\$1,143.40	517	2	5	\$1,715.10	517	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	\$571.70	514	1	4	\$1,143.40	514	2	5	\$1,715.10	514	3	6
Anthem Medicare Preferred PPO	\$571.70	039	1	4	\$1,143.40	039	2	5	\$1,715.10	039	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	\$571.70	075	1	4	\$1,143.40	075	2	5	\$1,715.10	075	3	6
Blue Shield Medicare PPO	\$539.43	014	1	4	\$1,078.86	014	2	5	\$1,618.29	014	3	6
Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>	\$539.43	047	1	4	\$1,078.86	047	2	5	\$1,618.29	047	3	6
Kaiser Permanente Senior Advantage	\$356.83	538	1	4	\$713.66	538	2	5	\$1,070.49	538	3	6
Kaiser Permanente Senior Advantage with Dental <sup>3</sup>	\$356.83	544	1	4	\$713.66	544	2	5	\$1,070.49	544	3	6
Kaiser Permanente Senior Advantage Summit	\$426.31	632	1	4	\$852.62	632	2	5	\$1,278.93	632	3	6
Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>	\$426.31	638	1	4	\$852.62	638	2	5	\$1,278.93	638	3	6
Peace Officers Research Assoc of CA Medicare Supplement	\$597.00	597	1	4	\$1,322.00	597	2	5	\$1,791.00	597	3	6
PERS Gold Medicare Supplement	\$597.57	653	1	4	\$1,195.14	653		5	\$1,792.71	653	3	6
PERS Platinum Medicare Supplement	\$665.50	663	1	4	\$1,331.00	663	2	5	\$1,996.50	663	3	6
UnitedHealthcare Group Medicare Advantage PPO	\$481.29	581	1	4	\$962.58	581	2	5	\$1,443.87	581	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>4</sup>	\$481.29	587	1	4	\$962.58	587	2	5	\$1,443.87	587	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 3\*

Los Angeles, Riverside, San Bernardino

## **Combination Monthly Premiums**

Combination 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 Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	
Anthem Blue Cross Select HMO and Medicare Preferred	\$1,534.38	041	4	7	\$2,111.99	041	5	8	\$1,721.01	041	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,534.38	077	4	7	\$2,111.99	077	5	8	\$1,721.01	077	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,700.23	520	4	7	\$2,377.35	520	5	8	\$1,820.52	520	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,700.23	523	4	7	\$2,377.35	523	5	8	\$1,820.52	523	6	9
Blue Shield Access+ HMO and Medicare	\$1,457.34	051	4	7	\$2,008.09	051	5	8	\$1,629.61	051	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	\$1,457.34	091	4	7	\$2,008.09	091	5	8	\$1,629.61	091	6	9
Blue Shield Trio HMO and Medicare	\$1,391.99	096	4	7	\$1,903.53	096	5	8	\$1,590.40	096	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>3</sup>	\$1,391.99	099	4	7	\$1,903.53	099	5	8	\$1,590.40	099	6	9
Kaiser Permanente and Senior Advantage	\$1,325.88	541	4	7	\$1,907.31	541	5	8	\$1,295.09	541	6	9
Kaiser Permanente and Senior Advantage with Dental <sup>4</sup>	\$1,325.88	547	4	7	\$1,907.31	547	5	8	\$1,295.09	547	6	9
Kaiser Permanente and Senior Advantage Summit	\$1,395.36	635	4	7	\$1,976.79	635	5	8	\$1,434.05	635	6	9
Kaiser Permanente and Senior Advantage Summit with Dental <sup>4</sup>	\$1,395.36	641	4	7	\$1,976.79	641	5	8	\$1,434.05	641	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,667.00	600		7	\$2,247.00	600	5	8	\$1,888.00	600	6	9
PERS Gold and Medicare Supplement	\$1,557.60	656	4	7	\$2,133.62	656	5	8	\$1,771.16		6	9
PERS Platinum and Medicare Supplement	\$2,097.31	667	4	7	\$2,956.40	667	5	8	\$2,190.09	667	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,352.05	584	4	7	\$1,874.51	584	5	8	\$1,485.04	584	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,352.05	590	4	7	\$1,874.51	590	5	8	\$1,485.04	590	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,246.80	774	4	7	\$1,706.11	774	5	8	\$1,421.89	774	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,246.80	776	4	7	\$1,706.11	776	5	8	\$1,421.89	776	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>&</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 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 benefit is an additional \$15.97 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)**

**Effective Date: January 1, 2026** 

Region 3\*

Los Angeles, Riverside, San Bernardino

Combination 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	
Anthem Blue Cross Select HMO and Medicare Preferred	\$1,534.38	041	7	10	\$2,106.08	041	8	11	\$2,111.99	041	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,534.38	077	7	10	\$2,106.08	077	8	11	\$2,111.99	077	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,700.23	520	7	10	\$2,271.93	520	8	11	\$2,377.35	520	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,700.23	523		10	\$2,271.93	523	8	11	\$2,377.35	523	9	12
Blue Shield Access+ HMO and Medicare	\$1,457.34	051	7	10	\$1,996.77	051	8	11	\$2,008.09	051	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	\$1,457.34	091	7	10	\$1,996.77	091	8	11	\$2,008.09	091	9	12
Blue Shield Trio HMO and Medicare	\$1,391.99	096	7	10	\$1,931.42	096	8	11	\$1,903.53	096	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>3</sup>	\$1,391.99	099	7	10	\$1,931.42	099	8	11	\$1,903.53	099	9	12
Kaiser Permanente and Senior Advantage	\$1,325.88	541	7	10	\$1,682.71	541	8	11	\$1,907.31	541	9	12
Kaiser Permanente and Senior Advantage with Dental <sup>4</sup>	\$1,325.88	547	7	10	\$1,682.71	547	8	11	\$1,907.31	547	9	12
Kaiser Permanente and Senior Advantage Summit	\$1,395.36	635	7	10	\$1,821.67	635	8	11	\$1,976.79	635	9	12
Kaiser Permanente and Senior Advantage Summit with Dental <sup>4</sup>	\$1,395.36	641	7	10	\$1,821.67	641	8	11	\$1,976.79	641	9	12
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,654.00			10	\$2,071.00	600	8	11	\$2,247.00	600	9	
PERS Gold and Medicare Supplement	\$1,557.60		7	10	\$2,155.17	656	8	11	\$2,133.62	656	9	12
PERS Platinum and Medicare Supplement	\$2,097.31	667	7	10	\$2,762.81	667	8	11	\$2,956.40	667	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,352.05	584	7	10	\$1,833.34	584	8	11	\$1,874.51	584	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,352.05	590	7	10	\$1,833.34	590	8	11	\$1,874.51	590	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,246.80	774	7	10	\$1,728.09	774	8	11	\$1,706.11	774	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,246.80	776	7	10	\$1,728.09	776	8	11	\$1,706.11	776	9	12

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

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