2027 Statewide Premiums Per Subscriber Per Month (PSPM)

State & California State University Members

Basic Plans (B)	2026			2027			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
HMO							
Anthem Blue Cross Select	$1,090.98	$2,181.96	$2,836.55	$1,215.09	$2,430.18	$3,159.23	11.38%
Anthem Blue Cross Traditional HMO	$1,372.93	$2,745.86	$3,569.62	$1,475.65	$2,951.30	$3,836.69	7.48%
Blue Shield Access+ HMO	$1,088.52	$2,177.04	$2,830.15	$1,206.29	$2,412.58	$3,136.35	10.82%
Blue Shield EPO	$1,088.52	$2,177.04	$2,830.15	$1,206.29	$2,412.58	$3,136.35	10.82%
Blue Shield Trio HMO	$936.58	$1,873.16	$2,435.11	$971.24	$1,942.48	$2,525.22	3.70%
Health Net Salud y Más	$789.13	$1,578.26	$2,051.74	$855.93	$1,711.86	$2,225.42	8.47%
Kaiser Permanente	$1,097.94	$2,195.88	$2,854.64	$1,125.15	$2,250.30	$2,925.39	2.48%
Kaiser Permanente Out-of-State	$1,398.96	$2,797.92	$3,637.30	$1,502.12	$3,004.24	$3,905.51	7.37%
Kaiser Permanente Nevada	N/A	N/A	N/A	$1,347.87	$2,695.74	$3,504.46	N/A
Sharp Performance Plus	$916.20	$1,832.40	$2,382.12	$975.21	$1,950.42	$2,535.55	6.44%
Sutter Health	N/A	N/A	N/A	$1,130.67	$2,261.34	$2,939.74	N/A
Western Health Advantage HMO	$969.58	$1,939.16	$2,520.91	$1,030.80	$2,061.60	$2,680.08	6.31%
Basic HMO Weighted Average							**4.49%**
PPO							
PERS Gold	$1,043.37	$2,086.74	$2,712.76	$1,119.94	$2,239.88	$2,911.84	7.34%
PERS Platinum (Nationwide)	$1,512.13	$3,024.26	$3,931.54	$1,623.10	$3,246.20	$4,220.06	7.34%
Basic PPO Weighted Average							**7.34%**
Total Basic Weighted Average							**5.78%**
Total Overall Weighted Average							**4.97%**

Medicare Plans (M)	2026			2027			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
Medicare Advantage							
Anthem Medicare Preferred PPO	$571.70	$1,143.40	$1,715.10	$619.25	$1,238.50	$1,857.75	8.32%
Blue Shield Medicare Advantage PPO (Nationwide)	$539.43	$1,078.86	$1,618.29	$619.36	$1,238.72	$1,858.08	14.82%
Kaiser Permanente Senior Advantage	$356.83	$713.66	$1,070.49	$333.93	$667.86	$1,001.79	-6.42%
Kaiser Permanente Senior Advantage Out-of-State	$350.16	$700.32	$1,050.48	$324.40	$648.80	$973.20	-7.36%
Kaiser Permanente Senior Advantage Summit	$426.31	$852.62	$1,278.93	$391.74	$783.48	$1,175.22	-8.11%
Kaiser Permanente Senior Advantage Summit Out-of-State	$419.67	$839.34	$1,259.01	$382.24	$764.48	$1,146.72	-8.92%
Sharp Direct Advantage HMO	$291.38	$582.76	$874.14	$320.22	$640.44	$960.66	9.90%
UnitedHealthcare Group Medicare Advantage PPO (Nationwide)	$481.29	$962.58	$1,443.87	$534.00	$1,068.00	$1,602.00	10.95%
Medicare Advantage Weighted Average							**1.18%**
Medicare Supplement							
PERS Gold Medicare Supplement	$597.57	$1,195.14	$1,792.71	$597.57	$1,195.14	$1,792.71	0.00%
PERS Platinum Medicare Supplement (Nationwide)	$665.50	$1,331.00	$1,996.50	$665.50	$1,331.00	$1,996.50	0.00%
Medicare Supplement Weighted Average							**0.00%**
Total Medicare Weighted Average							**0.51%**
Total Overall Weighted Average							**4.97%**

2027 Statewide Premiums Per Subscriber Per Month (PSPM)

State & California State University Members

Combination Plans	2027					
	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,834.34	$2,563.39	$1,967.55	$1,834.34	$2,453.59	$2,563.39
Anthem Blue Cross Traditional and Medicare Preferred	$2,094.90	$2,980.29	$2,123.89	$2,094.90	$2,714.15	$2,980.29
Blue Shield Access+ HMO and Medicare Advantage	$1,825.65	$2,549.42	$1,962.49	$1,825.65	$2,445.01	$2,549.42
Blue Shield Access+ EPO and Medicare Advantage	$1,825.65	$2,549.42	$1,962.49	$1,825.65	$2,445.01	$2,549.42
Blue Shield Trio and Medicare Advantage	$1,590.60	$2,173.34	$1,821.46	$1,590.60	$2,209.96	$2,173.34
Kaiser Permanente and Senior Advantage	$1,459.08	$2,134.17	$1,342.95	$1,459.08	$1,793.01	$2,134.17
Kaiser Permanente and Senior Advantage Out-of-State	$1,826.52	$2,727.79	$1,550.07	$1,826.52	$2,150.92	$2,727.79
Kaiser Permanente and Senior Advantage Summit	$1,516.89	$2,191.98	$1,458.57	$1,516.89	$1,908.63	$2,191.98
Kaiser Permanente and Senior Advantage Summit Out-of-State	$1,884.36	$2,785.63	$1,665.75	$1,884.36	$2,266.60	$2,785.63
Kaiser Permanente Nevada and Senior Advantage Out-of-State	$1,672.27	$2,480.99	$1,457.52	$1,672.27	$1,996.67	$2,480.99
Kaiser Permanente Nevada and Senior Advantage Summit Out-of-State	$1,730.11	$2,538.83	$1,573.20	$1,730.11	$2,112.35	$2,538.83
Sharp Performance Plus and Direct Advantage	$1,295.43	$1,880.56	$1,225.57	$1,295.43	$1,615.65	$1,880.56
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,717.51	$2,389.47	$1,867.10	$1,717.51	$2,315.08	$2,389.47
PERS Platinum and Medicare Supplement (Nationwide)	$2,288.60	$3,262.46	$2,304.86	$2,288.60	$2,954.10	$3,262.46

Combination Plans	2026					
	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,662.68	$2,317.27	$1,797.99	$1,662.68	$2,234.38	$2,317.27
Anthem Blue Cross Traditional and Medicare Preferred	$1,944.63	$2,768.39	$1,967.16	$1,944.63	$2,516.33	$2,768.39
Blue Shield Access+ HMO and Medicare Advantage	$1,627.95	$2,281.06	$1,731.97	$1,627.95	$2,167.38	$2,281.06
Blue Shield Access+ EPO and Medicare Advantage	$1,627.95	$2,281.06	$1,731.97	$1,627.95	$2,167.38	$2,281.06
Blue Shield Trio and Medicare Advantage	$1,476.01	$2,037.96	$1,640.81	$1,476.01	$2,015.44	$2,037.96
Kaiser Permanente and Senior Advantage	$1,454.77	$2,113.53	$1,372.42	$1,454.77	$1,811.60	$2,113.53
Kaiser Permanente and Senior Advantage Summit	$1,524.25	$2,183.01	$1,511.38	$1,524.25	$1,950.56	$2,183.01
Sharp Performance Plus and Direct Advantage	$1,207.58	$1,757.30	$1,132.48	$1,207.58	$1,498.96	$1,757.30
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,640.94	$2,266.96	$1,821.16	$1,640.94	$2,238.51	$2,266.96
PERS Platinum and Medicare Supplement (Nationwide)	$2,177.63	$3,084.91	$2,238.28	$2,177.63	$2,843.13	$3,084.91

July 2026 Board of Administration Offsite

2027 Region 1 Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

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 and Yuba							
	2026			**2027**			
Basic Plans (B)	**Single**	**2-Party**	**Family**	**Single**	**2-Party**	**Family**	**Percent Change**
HMO							
Anthem Blue Cross Select HMO	$1,336.29	$2,672.58	$3,474.35	$1,486.44	$2,972.88	$3,864.74	11.24%
Anthem Blue Cross Traditional HMO	$1,612.08	$3,224.16	$4,191.41	$1,732.52	$3,465.04	$4,504.55	7.47%
Blue Shield Access+ HMO	$1,301.95	$2,603.90	$3,385.07	$1,479.12	$2,958.24	$3,845.71	13.61%
Blue Shield EPO	$1,301.95	$2,603.90	$3,385.07	$1,479.12	$2,958.24	$3,845.71	13.61%
Blue Shield Trio HMO	$1,166.58	$2,333.16	$3,033.11	$1,202.57	$2,405.14	$3,126.68	3.09%
Kaiser Permanente	$1,168.86	$2,337.72	$3,039.04	$1,187.63	$2,375.26	$3,087.84	1.61%
Sutter Health	N/A	N/A	N/A	$1,130.67	$2,261.34	$2,939.74	N/A
Western Health Advantage HMO	$969.58	$1,939.16	$2,520.91	$1,030.80	$2,061.60	$2,680.08	6.31%
PPO							
PERS Gold	$1,120.58	$2,241.16	$2,913.51	$1,215.17	$2,430.34	$3,159.44	8.44%
PERS Platinum	$1,670.14	$3,340.28	$4,342.36	$1,778.62	$3,557.24	$4,624.41	6.50%

	2026			**2027**			
Medicare Plans (M)	**Single**	**2-Party**	**Family**	**Single**	**2-Party**	**Family**	**Percent Change**
Medicare Advantage							
Anthem Medicare Preferred PPO	$571.70	$1,143.40	$1,715.10	$619.25	$1,238.50	$1,857.75	8.32%
Blue Shield Medicare Advantage PPO	$539.43	$1,078.86	$1,618.29	$619.36	$1,238.72	$1,858.08	14.82%
Kaiser Permanente Senior Advantage	$356.83	$713.66	$1,070.49	$333.93	$667.86	$1,001.79	-6.42%
Kaiser Permanente Senior Advantage Summit	$426.31	$852.62	$1,278.93	$391.74	$783.48	$1,175.22	-8.11%
UnitedHealthcare Group Medicare Advantage PPO	$481.29	$962.58	$1,443.87	$534.00	$1,068.00	$1,602.00	10.95%
Medicare Supplement							
PERS Gold Medicare Supplement	$597.57	$1,195.14	$1,792.71	$597.57	$1,195.14	$1,792.71	0.00%
PERS Platinum Medicare Supplement	$665.50	$1,331.00	$1,996.50	$665.50	$1,331.00	$1,996.50	0.00%

July 2026 Board of Administration Offsite

2027 Region 1 Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

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 and Yuba						
	2027					
Combination Plans	**Subscriber in M & 1 Dependent in B**	**Subscriber in M & 2+ Dependents in B**	**Subscriber in M, 1 Dependent in B & 1 Dependent in M**	**Subscriber in B & 1 Dependent in M**	**Subscriber in B & 2+ Dependents in M**	**Subscriber in B, 1 Dependent in B & 1 Dependent in M**
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$2,105.69	$2,997.55	$2,130.36	$2,105.69	$2,724.94	$2,997.55
Anthem Blue Cross Traditional and Medicare Preferred	$2,351.77	$3,391.28	$2,278.01	$2,351.77	$2,971.02	$3,391.28
Blue Shield Access+ HMO and Medicare Advantage	$2,098.48	$2,985.95	$2,126.19	$2,098.48	$2,717.84	$2,985.95
Blue Shield EPO and Medicare Advantage	$2,098.48	$2,985.95	$2,126.19	$2,098.48	$2,717.84	$2,985.95
Blue Shield Trio and Medicare Advantage	$1,821.93	$2,543.47	$1,960.26	$1,821.93	$2,441.29	$2,543.47
Kaiser Permanente and Senior Advantage	$1,521.56	$2,234.14	$1,380.44	$1,521.56	$1,855.49	$2,234.14
Kaiser Permanente and Senior Advantage Summit	$1,579.37	$2,291.95	$1,496.06	$1,579.37	$1,971.11	$2,291.95
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,812.74	$2,541.84	$1,924.24	$1,812.74	$2,410.31	$2,541.84
PERS Platinum and Medicare Supplement	$2,444.12	$3,511.29	$2,398.17	$2,444.12	$3,109.62	$3,511.29

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 and Yuba						
	2026					
Combination Plans	**Subscriber in M & 1 Dependent in B**	**Subscriber in M & 2+ Dependents in B**	**Subscriber in M, 1 Dependent in B & 1 Dependent in M**	**Subscriber in B & 1 Dependent in M**	**Subscriber in B & 2+ Dependents in M**	**Subscriber in B, 1 Dependent in B & 1 Dependent in M**
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,907.99	$2,709.76	$1,945.17	$1,907.99	$2,479.69	$2,709.76
Anthem Blue Cross Traditional and Medicare Preferred	$2,183.78	$3,151.03	$2,110.65	$2,183.78	$2,755.48	$3,151.03
Blue Shield Access+ HMO and Medicare Advantage	$1,841.38	$2,622.55	$1,860.03	$1,841.38	$2,380.81	$2,622.55
Blue Shield EPO and Medicare Advantage	$1,841.38	$2,622.55	$1,860.03	$1,841.38	$2,380.81	$2,622.55
Blue Shield Trio and Medicare Advantage	$1,706.01	$2,405.96	$1,778.81	$1,706.01	$2,245.44	$2,405.96
Kaiser Permanente and Senior Advantage	$1,525.69	$2,227.01	$1,414.98	$1,525.69	$1,882.52	$2,227.01
Kaiser Permanente and Senior Advantage Summit	$1,595.17	$2,296.49	$1,553.94	$1,595.17	$2,021.48	$2,296.49
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,718.15	$2,390.50	$1,867.49	$1,718.15	$2,315.72	$2,390.50
PERS Platinum and Medicare Supplement	$2,335.64	$3,337.72	$2,333.08	$2,335.64	$3,001.14	$3,337.72

July 2026 Board of Administration Offsite

2027 Region 2 Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

Region 2							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura							
	2026			2027			
Basic Plans (B)	**Single**	**2-Party**	**Family**	**Single**	**2-Party**	**Family**	**Percent Change**
HMO							
Anthem Blue Cross Select HMO	$1,016.32	$2,032.64	$2,642.43	$1,140.20	$2,280.40	$2,964.52	12.19%
Anthem Blue Cross Traditional HMO	$1,158.26	$2,316.52	$3,011.48	$1,263.81	$2,527.62	$3,285.91	9.11%
Blue Shield Access+ HMO	$1,052.89	$2,105.78	$2,737.51	$1,177.77	$2,355.54	$3,062.20	11.86%
Blue Shield EPO	$1,052.89	$2,105.78	$2,737.51	$1,177.77	$2,355.54	$3,062.20	11.86%
Blue Shield Trio HMO	$936.58	$1,873.16	$2,435.11	$971.24	$1,942.48	$2,525.22	3.70%
Health Net Salud y Más	$879.57	$1,759.14	$2,286.88	$953.15	$1,906.30	$2,478.19	8.37%
Kaiser Permanente	$987.69	$1,975.38	$2,567.99	$1,030.94	$2,061.88	$2,680.44	4.38%
Sharp Performance Plus	$916.20	$1,832.40	$2,382.12	$975.21	$1,950.42	$2,535.55	6.44%
PPO							
PERS Gold	$956.28	$1,912.56	$2,486.33	$1,010.12	$2,020.24	$2,626.31	5.63%
PERS Platinum	$1,426.24	$2,852.48	$3,708.22	$1,538.57	$3,077.14	$4,000.28	7.88%

	2026			2027			
Medicare Plans (M)	**Single**	**2-Party**	**Family**	**Single**	**2-Party**	**Family**	**Percent Change**
Medicare Advantage							
Anthem Medicare Preferred PPO	$571.70	$1,143.40	$1,715.10	$619.25	$1,238.50	$1,857.75	8.32%
Blue Shield Medicare Advantage PPO	$539.43	$1,078.86	$1,618.29	$619.36	$1,238.72	$1,858.08	14.82%
Kaiser Permanente Senior Advantage	$356.83	$713.66	$1,070.49	$333.93	$667.86	$1,001.79	-6.42%
Kaiser Permanente Senior Advantage Summit	$426.31	$852.62	$1,278.93	$391.74	$783.48	$1,175.22	-8.11%
Sharp Direct Advantage HMO	$291.38	$582.76	$874.14	$320.22	$640.44	$960.66	9.90%
UnitedHealthcare Group Medicare Advantage PPO	$481.29	$962.58	$1,443.87	$534.00	$1,068.00	$1,602.00	10.95%
Medicare Supplement							
PERS Gold Medicare Supplement	$597.57	$1,195.14	$1,792.71	$597.57	$1,195.14	$1,792.71	0.00%
PERS Platinum Medicare Supplement	$665.50	$1,331.00	$1,996.50	$665.50	$1,331.00	$1,996.50	0.00%

July 2026 Board of Administration Offsite

2027 Region 2 Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

Region 2						
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura						
	2027					
Combination Plans	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,759.45	$2,443.57	$1,922.62	$1,759.45	$2,378.70	$2,443.57
Anthem Blue Cross Traditional and Medicare Preferred	$1,883.06	$2,641.35	$1,996.79	$1,883.06	$2,502.31	$2,641.35
Blue Shield Access+ HMO and Medicare Advantage	$1,797.13	$2,503.79	$1,945.38	$1,797.13	$2,416.49	$2,503.79
Blue Shield EPO and Medicare Advantage	$1,797.13	$2,503.79	$1,945.38	$1,797.13	$2,416.49	$2,503.79
Blue Shield Trio and Medicare Advantage	$1,590.60	$2,173.34	$1,821.46	$1,590.60	$2,209.96	$2,173.34
Kaiser Permanente and Senior Advantage	$1,364.87	$1,983.43	$1,286.42	$1,364.87	$1,698.80	$1,983.43
Kaiser Permanente and Senior Advantage Summit	$1,422.68	$2,041.24	$1,402.04	$1,422.68	$1,814.42	$2,041.24
Sharp Performance Plus and Direct Advantage	$1,295.43	$1,880.56	$1,225.57	$1,295.43	$1,615.65	$1,880.56
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,607.69	$2,213.76	$1,801.21	$1,607.69	$2,205.26	$2,213.76
PERS Platinum and Medicare Supplement	$2,204.07	$3,127.21	$2,254.14	$2,204.07	$2,869.57	$3,127.21

Region 2						
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura						
	2026					
Combination Plans	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,588.02	$2,197.81	$1,753.19	$1,588.02	$2,159.72	$2,197.81
Anthem Blue Cross Traditional and Medicare Preferred	$1,729.96	$2,424.92	$1,838.36	$1,729.96	$2,301.66	$2,424.92
Blue Shield Access+ HMO and Medicare Advantage	$1,592.32	$2,224.05	$1,710.59	$1,592.32	$2,131.75	$2,224.05
Blue Shield EPO and Medicare Advantage	$1,592.32	$2,224.05	$1,710.59	$1,592.32	$2,131.75	$2,224.05
Blue Shield Trio and Medicare Advantage	$1,476.01	$2,037.96	$1,640.81	$1,476.01	$2,015.44	$2,037.96
Kaiser Permanente and Senior Advantage	$1,344.52	$1,937.13	$1,306.27	$1,344.52	$1,701.35	$1,937.13
Kaiser Permanente and Senior Advantage Summit	$1,414.00	$2,006.61	$1,445.23	$1,414.00	$1,840.31	$2,006.61
Sharp Direct Advantage	$1,207.58	$1,757.30	$1,132.48	$1,207.58	$1,498.96	$1,757.30
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,553.85	$2,127.62	$1,768.91	$1,553.85	$2,151.42	$2,127.62
PERS Platinum and Medicare Supplement	$2,091.74	$2,947.48	$2,186.74	$2,091.74	$2,757.24	$2,947.48

July 2026 Board of Administration Offsite

2027 Region 3 Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

Region 3							
Los Angeles, Riverside and San Bernardino							
	2026			2027			
Basic Plans (B)	Single	2-Party	Family	Single	2-Party	Family	Percent Change
HMO							
Anthem Blue Cross Select HMO	$962.68	$1,925.36	$2,502.97	$1,059.06	$2,118.12	$2,753.56	10.01%
Anthem Blue Cross Traditional HMO	$1,128.53	$2,257.06	$2,934.18	$1,239.02	$2,478.04	$3,221.45	9.79%
Blue Shield Access+ HMO and EPO	$917.91	$1,835.82	$2,386.57	$975.19	$1,950.38	$2,535.49	6.24%
Blue Shield Trio HMO	$852.56	$1,705.12	$2,216.66	$908.01	$1,816.02	$2,360.83	6.50%
Health Net Salud y Más	$740.11	$1,480.22	$1,924.29	$801.75	$1,603.50	$2,084.55	8.33%
Kaiser Permanente	$969.05	$1,938.10	$2,519.53	$1,011.28	$2,022.56	$2,629.33	4.36%
PPO							
PERS Gold	$960.03	$1,920.06	$2,496.08	$1,014.50	$2,029.00	$2,637.70	5.67%
PERS Platinum	$1,431.81	$2,863.62	$3,722.71	$1,549.00	$3,098.00	$4,027.40	8.18%

	2026			2027			
Medicare Plans (M)	Single	2-Party	Family	Single	2-Party	Family	Percent Change
Medicare Advantage							
Anthem Medicare Preferred PPO	$571.70	$1,143.40	$1,715.10	$619.25	$1,238.50	$1,857.75	8.32%
Blue Shield Medicare Advantage PPO	$539.43	$1,078.86	$1,618.29	$619.36	$1,238.72	$1,858.08	14.82%
Kaiser Permanente Senior Advantage	$356.83	$713.66	$1,070.49	$333.93	$667.86	$1,001.79	-6.42%
Kaiser Permanente Senior Advantage Summit	$426.31	$852.62	$1,278.93	$391.74	$783.48	$1,175.22	-8.11%
UnitedHealthcare Group Medicare Advantage PPO	$481.29	$962.58	$1,443.87	$534.00	$1,068.00	$1,602.00	10.95%
Medicare Supplement							
PERS Gold Medicare Supplement	$597.57	$1,195.14	$1,792.71	$597.57	$1,195.14	$1,792.71	0.00%
PERS Platinum Medicare Supplement	$665.50	$1,331.00	$1,996.50	$665.50	$1,331.00	$1,996.50	0.00%

July 2026 Board of Administration Offsite

2027 Region 3 Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

Region 3						
Los Angeles, Riverside and San Bernardino						
	2027					
Combination Plans	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,678.31	$2,313.75	$1,873.94	$1,678.31	$2,297.56	$2,313.75
Anthem Blue Cross Traditional and Medicare Preferred	$1,858.27	$2,601.68	$1,981.91	$1,858.27	$2,477.52	$2,601.68
Blue Shield Access+ HMO/EPO and Medicare Advantage	$1,594.55	$2,179.66	$1,823.83	$1,594.55	$2,213.91	$2,179.66
Blue Shield Trio and Medicare Advantage	$1,527.37	$2,072.18	$1,783.53	$1,527.37	$2,146.73	$2,072.18
Kaiser Permanente and Senior Advantage	$1,345.21	$1,951.98	$1,274.63	$1,345.21	$1,679.14	$1,951.98
Kaiser Permanente and Senior Advantage Summit	$1,403.02	$2,009.79	$1,390.25	$1,403.02	$1,794.76	$2,009.79
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,612.07	$2,220.77	$1,803.84	$1,612.07	$2,209.64	$2,220.77
PERS Platinum and Medicare Supplement	$2,214.50	$3,143.90	$2,260.40	$2,214.50	$2,880.00	$3,143.90

Region 3						
Los Angeles, Riverside and San Bernardino						
	2026					
Combination Plans	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Anthem Blue Cross Select and Medicare Preferred	$1,534.38	$2,111.99	$1,721.01	$1,534.38	$2,106.08	$2,111.99
Anthem Blue Cross Traditional and Medicare Preferred	$1,700.23	$2,377.35	$1,820.52	$1,700.23	$2,271.93	$2,377.35
Blue Shield Access+ HMO/EPO and Medicare Advantage	$1,457.34	$2,008.09	$1,629.61	$1,457.34	$1,996.77	$2,008.09
Blue Shield Trio and Medicare Advantage	$1,391.99	$1,903.53	$1,590.40	$1,391.99	$1,931.42	$1,903.53
Kaiser Permanente and Senior Advantage	$1,325.88	$1,907.31	$1,295.09	$1,325.88	$1,682.71	$1,907.31
Kaiser Permanente and Senior Advantage Summit	$1,395.36	$1,976.79	$1,434.05	$1,395.36	$1,821.67	$1,976.79
Basic PPO and Medicare Supplement						
PERS Gold and Medicare Supplement	$1,557.60	$2,133.62	$1,771.16	$1,557.60	$2,155.17	$2,133.62
PERS Platinum and Medicare Supplement	$2,097.31	$2,956.40	$2,190.09	$2,097.31	$2,762.81	$2,956.40

July 2026 Board of Administration Offsite

2027 Out-of-State Region Premiums Per Subscriber Per Month (PSPM)

Public Agency & School Members

Out-of-State Region							
	2026			2027			
Basic Plans (B)	Single	2-Party	Family	Single	2-Party	Family	Percent Change
HMO							
Kaiser Permanente Out-of-State	$1,398.96	$2,797.92	$3,637.30	$1,502.12	$3,004.24	$3,905.51	7.37%
Kaiser Permanente Nevada	N/A	N/A	N/A	$1,347.87	$2,695.74	$3,504.46	N/A
PPO							
PERS Platinum	$1,410.29	$2,820.58	$3,666.75	$1,507.81	$3,015.62	$3,920.31	6.91%

	2026			2027			
Medicare Plans (M)	Single	2-Party	Family	Single	2-Party	Family	Percent Change
Medicare Advantage							
Blue Shield Medicare Advantage PPO	$539.43	$1,078.86	$1,618.29	$619.36	$1,238.72	$1,858.08	14.82%
Kaiser Permanente Senior Advantage Out-of-State	$350.16	$700.32	$1,050.48	$324.40	$648.80	$973.20	-7.36%
Kaiser Permanente Senior Advantage Summit Out-of-State	$419.67	$839.34	$1,259.01	$382.24	$764.48	$1,146.72	-8.92%
UnitedHealthcare Group Medicare Advantage PPO	$481.29	$962.58	$1,443.87	$534.00	$1,068.00	$1,602.00	10.95%
Medicare Supplement							
PERS Platinum Medicare Supplement	$665.50	$1,331.00	$1,996.50	$665.50	$1,331.00	$1,996.50	0.00%

Out-of-State Region						
	2027					
Combination Plans	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Kaiser Permanente Out-of-State and Senior Advantage Out-of-State	$1,826.52	$2,727.79	$1,550.07	$1,826.52	$2,150.92	$2,727.79
Kaiser Permanente Out-of-State and Senior Advantage Summit Out-of-State	$1,884.36	$2,785.63	$1,665.75	$1,884.36	$2,266.60	$2,785.63
Kaiser Permanente Nevada and Senior Advantage Out-of-State	$1,672.27	$2,480.99	$1,457.52	$1,672.27	$1,996.67	$2,480.99
Kaiser Permanente Nevada and Senior Advantage Summit Out-of-State	$1,730.11	$2,538.83	$1,573.20	$1,730.11	$2,112.35	$2,538.83
Basic PPO and Medicare Supplement						
PERS Platinum and Medicare Supplement	$2,173.31	$3,078.00	$2,235.69	$2,173.31	$2,838.81	$3,078.00

Out-of-State Region						
	2026					
Combination Plans	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
Basic HMO and Medicare Advantage						
Kaiser Permanente and Senior Advantage Out-of-State	$1,749.12	$2,588.50	$1,539.70	$1,749.12	$2,099.28	$2,588.50
Kaiser Permanente and Senior Advantage Summit Out-of-State	$1,818.63	$2,658.01	$1,678.72	$1,818.63	$2,238.30	$2,658.01
Basic PPO and Medicare Supplement						
PERS Platinum and Medicare Supplement	$2,075.79	$2,921.96	$2,177.17	$2,075.79	$2,741.29	$2,921.96