CalPERS 2027 Regional COBRA Health Premiums

Effective Date: January 1, 2027

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

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			
Basic Monthly COBRA Premiums			
Plan	**Single**	**2-Party**	**Family**
Anthem Blue Cross Select HMO	$1,516.17	$3,032.34	$3,942.03
Anthem Blue Cross Traditional HMO	$1,767.17	$3,534.34	$4,594.64
Blue Shield Access+ HMO	$1,508.70	$3,017.40	$3,922.62
Blue Shield EPO	$1,508.70	$3,017.40	$3,922.62
Blue Shield Trio HMO	$1,226.62	$2,453.24	$3,189.21
Kaiser Permanente	$1,211.38	$2,422.77	$3,149.60
Peace Officers Research Association of CA	$1,116.90	$2,442.90	$3,177.30
PERS Gold	$1,239.47	$2,478.95	$3,222.63
PERS Platinum	$1,814.19	$3,628.38	$4,716.90
Sutter Health Plan	$1,153.28	$2,306.57	$2,998.53
Western Health Advantage HMO	$1,051.42	$2,102.83	$2,733.68

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Region 2

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

Basic Monthly COBRA Premiums

Plan	Single	2-Party	Family
Anthem Blue Cross Select HMO	$1,163.00	$2,326.01	$3,023.81
Anthem Blue Cross Traditional HMO	$1,289.09	$2,578.17	$3,351.63
Blue Shield Access+ HMO	$1,201.33	$2,402.65	$3,123.44
Blue Shield EPO	$1,201.33	$2,402.65	$3,123.44
Blue Shield Trio HMO	$990.66	$1,981.33	$2,575.72
Health Net Salud y Más	$972.21	$1,944.43	$2,527.75
Kaiser Permanente	$1,051.56	$2,103.12	$2,734.05
Peace Officers Research Association of CA	$1,040.40	$2,080.80	$2,703.00
PERS Gold	$1,030.32	$2,060.64	$2,678.84
PERS Platinum	$1,569.34	$3,138.68	$4,080.29
Sharp Performance Plus	$994.71	$1,989.43	$2,586.26

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Region 3			
Los Angeles, Riverside, San Bernardino			
Basic Monthly COBRA Premiums			
Plan	**Single**	**2-Party**	**Family**
Anthem Blue Cross Select HMO	$1,080.24	$2,160.48	$2,808.63
Anthem Blue Cross Traditional HMO	$1,263.80	$2,527.60	$3,285.88
Blue Shield Access+ HMO	$994.69	$1,989.39	$2,586.20
Blue Shield EPO	$994.69	$1,989.39	$2,586.20
Blue Shield Trio HMO	$926.17	$1,852.34	$2,408.05
Health Net Salud y Más	$817.79	$1,635.57	$2,126.24
Kaiser Permanente	$1,031.51	$2,063.01	$2,681.92
Peace Officers Research Association of CA	$1,040.40	$2,080.80	$2,703.00
PERS Gold	$1,034.79	$2,069.58	$2,690.45
PERS Platinum	$1,579.98	$3,159.96	$4,107.95

CalPERS 2027 Out-Of-State COBRA Health Premiums

Effective Date: January 1, 2027

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

Out of State Basic Monthly COBRA Premiums			
Plan	**Single**	**2-Party**	**Family**
Kaiser Permanente Out-of-State[1]	$1,532.16	$3,064.32	$3,983.62
Kaiser Permanente - Nevada[2]	$1,374.83	$2,749.65	$3,574.55
Peace Officers Research Association of CA Out-of-State	$1,326.00	$2,652.00	$3,264.00
PERS Platinum Out-of-State	$1,537.97	$3,075.93	$3,998.72

[1]Kaiser Permanente Out-of-State includes Colorado, Georgia, Hawaii, MidAtlantic Region (includes District of Columbia, Maryland, and Virginia), and the Northwest Region (includes Oregon and Washington).

[2]Kaiser Permanente - Nevada includes the following counties in northwestern Nevada: Carson City, Douglas, Lyon, Storey, and Washoe.