CalPERS 2027 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2027

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, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

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	$1,486.44	506	1	1	$2,972.88	506	2	2	$3,864.74	506	3	3
Anthem Blue Cross Traditional HMO	$1,732.52	509	1	1	$3,465.04	509	2	2	$4,504.55	509	3	3
Blue Shield Access+ HMO	$1,479.12	525	1	1	$2,958.24	525	2	2	$3,845.71	525	3	3
Blue Shield EPO	$1,479.12	524	1	1	$2,958.24	524	2	2	$3,845.71	524	3	3
Blue Shield Trio HMO	$1,202.57	451	1	1	$2,405.14	451	2	2	$3,126.68	451	3	3
Kaiser Permanente	$1,187.63	533	1	1	$2,375.26	533	2	2	$3,087.84	533	3	3
Peace Officers Research Association of CA	$1,095.00	592	1	1	$2,395.00	592	2	2	$3,115.00	592	3	3
PERS Gold	$1,215.17	648	1	1	$2,430.34	648	2	2	$3,159.44	648	3	3
PERS Platinum	$1,778.62	657	1	1	$3,557.24	657	2	2	$4,624.41	657	3	3
Sutter Health	$1,130.67	679	1	1	$2,261.34	679	2	2	$2,939.74	679	3	3
Western Health Advantage HMO	$1,030.80	591	1	1	$2,061.60	591	2	2	$2,680.08	591	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	$619.25	515	1	4	$1,238.50	515	2	5	$1,857.75	515	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$619.25	512	1	4	$1,238.50	512	2	5	$1,857.75	512	3	6
Anthem Medicare Preferred PPO	$619.25	455	1	4	$1,238.50	455	2	5	$1,857.75	455	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$619.25	459	1	4	$1,238.50	459	2	5	$1,857.75	459	3	6
Blue Shield Group Medicare Advantage PPO	$619.36	011	1	4	$1,238.72	011	2	5	$1,858.08	011	3	6
Blue Shield Group Medicare Advantage PPO with Dental/Vision[2]	$619.36	016	1	4	$1,238.72	016	2	5	$1,858.08	016	3	6
Kaiser Permanente Senior Advantage	$333.93	536	1	4	$667.86	536	2	5	$1,001.79	536	3	6
Kaiser Permanente Senior Advantage with Dental[3]	$333.93	542	1	4	$667.86	542	2	5	$1,001.79	542	3	6
Kaiser Permanente Senior Advantage Summit	$391.74	630	1	4	$783.48	630	2	5	$1,175.22	630	3	6
Kaiser Permanente Senior Advantage Summit with Dental[3]	$391.74	636	1	4	$783.48	636	2	5	$1,175.22	636	3	6
UnitedHealthcare Group Medicare Advantage PPO	$534.00	579	1	4	$1,068.00	579	2	5	$1,602.00	579	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision[4]	$534.00	585	1	4	$1,068.00	585	2	5	$1,602.00	585	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	$640.00	595	1	4	$1,410.00	595	2	5	$1,925.00	595	3	6
PERS Gold Medicare Supplement	$597.57	651	1	4	$1,195.14	651	2	5	$1,792.71	651	3	6
PERS Platinum Medicare Supplement	$665.50	661	1	4	$1,331.00	661	2	5	$1,996.50	661	3	6

*For health plan availability by county, please refer to the 2027 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 and Vision coverage is an additional $32.44 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	$2,105.69	457	4	7	$2,997.55	457	5	8	$2,130.36	457	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$2,105.69	460	4	7	$2,997.55	460	5	8	$2,130.36	460	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	$2,351.77	518	4	7	$3,391.28	518	5	8	$2,278.01	518	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$2,351.77	521	4	7	$3,391.28	521	5	8	$2,278.01	521	6	9
Blue Shield Access+ HMO and Group Medicare Advantage PPO	$2,098.48	049	4	7	$2,985.95	049	5	8	$2,126.19	049	6	9
Blue Shield Access+ HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$2,098.48	089	4	7	$2,985.95	089	5	8	$2,126.19	089	6	9
Blue Shield EPO and Group Medicare Advantage PPO	$2,098.48	092	4	7	$2,985.95	092	5	8	$2,126.19	092	6	9
Blue Shield EPO and Group Medicare Advantage PPO with Dental/Vision[2]	$2,098.48	093	4	7	$2,985.95	093	5	8	$2,126.19	093	6	9
Blue Shield Trio HMO and Group Medicare Advantage PPO	$1,821.93	094	4	7	$2,543.47	094	5	8	$1,960.26	094	6	9
Blue Shield Trio HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,821.93	097	4	7	$2,543.47	097	5	8	$1,960.26	097	6	9
Kaiser Permanente and Senior Advantage	$1,521.56	539	4	7	$2,234.14	539	5	8	$1,380.44	539	6	9
Kaiser Permanente and Senior Advantage with Dental[3]	$1,521.56	545	4	7	$2,234.14	545	5	8	$1,380.44	545	6	9
Kaiser Permanente and Senior Advantage Summit	$1,579.37	633	4	7	$2,291.95	633	5	8	$1,496.06	633	6	9
Kaiser Permanente and Senior Advantage Summit with Dental[3]	$1,579.37	639	4	7	$2,291.95	639	5	8	$1,496.06	639	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	$2,105.69	457	7	10	$2,724.94	457	8	11	$2,997.55	457	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$2,105.69	460	7	10	$2,724.94	460	8	11	$2,997.55	460	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	$2,351.77	518	7	10	$2,971.02	518	8	11	$3,391.28	518	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$2,351.77	521	7	10	$2,971.02	521	8	11	$3,391.28	521	9	12
Blue Shield Access+ HMO and Group Medicare Advantage PPO	$2,098.48	049	7	10	$2,717.84	049	8	11	$2,985.95	049	9	12
Blue Shield Access+ HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$2,098.48	089	7	10	$2,717.84	089	8	11	$2,985.95	089	9	12
Blue Shield EPO and Group Medicare Advantage PPO	$2,098.48	092	7	10	$2,717.84	092	8	11	$2,985.95	092	9	12
Blue Shield EPO and Group Medicare Advantage PPO with Dental/Vision[2]	$2,098.48	093	7	10	$2,717.84	093	8	11	$2,985.95	093	9	12
Blue Shield Trio HMO and Group Medicare Advantage PPO	$1,821.93	094	7	10	$2,441.29	094	8	11	$2,543.47	094	9	12
Blue Shield Trio HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,821.93	097	7	10	$2,441.29	097	8	11	$2,543.47	097	9	12
Kaiser Permanente and Senior Advantage	$1,521.56	539	7	10	$1,855.49	539	8	11	$2,234.14	539	9	12
Kaiser Permanente and Senior Advantage with Dental[3]	$1,521.56	545	7	10	$1,855.49	545	8	11	$2,234.14	545	9	12
Kaiser Permanente and Senior Advantage Summit	$1,579.37	633	7	10	$1,971.11	633	8	11	$2,291.95	633	9	12
Kaiser Permanente and Senior Advantage Summit with Dental[3]	$1,579.37	639	7	10	$1,971.11	639	8	11	$2,291.95	639	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	$1,940.00	598	4	7	$2,660.00	598	5	8	$2,130.00	598	6	9
PERS Gold and Medicare Supplement	$1,812.74	654	4	7	$2,541.84	654	5	8	$1,924.24	654	6	9
PERS Platinum and Medicare Supplement	$2,444.12	665	4	7	$3,511.29	665	5	8	$2,398.17	665	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	$1,865.00	598	7	10	$2,380.00	598	8	11	$2,790.00	598	9	12
PERS Gold and Medicare Supplement	$1,812.74	654	7	10	$2,410.31	654	8	11	$2,541.84	654	9	12
PERS Platinum and Medicare Supplement	$2,444.12	665	7	10	$3,109.62	665	8	11	$3,511.29	665	9	12

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