CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

Region 2* Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura Basic Monthly Premiums (B)	Code 3 3 3 3 3 3 3 3 3 3 3 7 3 7 7 Party Code 3	Party Rate 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Plan Subscriber Plan Party Party Party Code Code Code Rate 1 Dependent Code Code Code Rate 2*Dependents Code Code Code Rate 2*Dependents Code Cod	Code 3 3 3 3 3 3 3 3 3 3 3 7 3 7 7 Party Code 3	Rate 3 3 3 3 3 3 3 3 3 3 7 3 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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Anthem Blue Cross Select HMO \$919.00 507 1 1 \$1,838.00 507 2 2 \$2,389.40 507 Anthem Blue Cross Traditional HMO \$1.110.97 510 1 1 \$2,221.94 510 2 2 \$2,888.52 510 Blue Shield Access+ HMO \$948.53 526 1 1 \$1,897.06 526 2 2 \$2,466.18 526 Blue Shield Access+ EPO \$948.53 526 1 1 \$1,897.06 526 2 2 \$2,466.18 526 Blue Shield Access+ EPO \$948.53 029 1 1 \$1,897.06 526 2 2 \$2,466.18 526 Blue Shield Trio HMO \$909.10 088 1 1 \$1,818.20 088 2 2 \$2,363.66 088 Health Net Salud y Más \$823.49 531 1 1 \$1,646.98 531 2 2 \$2,141.07 531 Kalser Permanente \$944.34 534 1 1 \$1,881.80 593 2 2 \$2,466.10 593 PERS Gold \$970.00 593 1 1 \$1,951.00 593 2 2 \$2,486.00 593 PERS Gold \$864.75 649 1 1 \$1,729.50 649 2 2 \$2,248.35 649 PERS Platinum \$1,258.76 658 1 1 \$2,517.52 658 2 2 \$3,272.78 658 Sharp Performance Plus \$868.45 575 1 1 \$1,736.90 575 2 2 \$2,245.79 7 575 UnitedHealthcare SignatureValue Alliance \$890.66 577 1 1 \$1,781.32 577 2 2 \$2,315.72 577 UnitedHealthcare SignatureValue Harmony \$819.64 399 1 1 \$1,781.32 577 2 2 \$2,315.72 577 UnitedHealthcare Preferred PPO \$487.56 516 1 4 \$975.12 516 2 \$ \$1,462.68 516 Anthem Medicare Preferred PPO \$487.56 516 1 4 \$975.12 516 2 \$ \$1,462.68 516 Anthem Medicare Preferred PPO \$487.56 513 1 4 \$975.12 516 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 516 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$487.56 516 1 4 \$975.12 516 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 516 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 516 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 038 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 038 2 \$ \$1,462.68 518 Anthem Medicare Preferred PPO \$488.28 012 1 4 \$896.56 012 2 \$ \$1,344.84 012 Blue Shield Medicare PPO with Dental/Vision \$448.28 012 1 4 \$896.56 012 2 \$ \$1,344.84 012 Blue Shield Medicare PPO with Dental/Vision \$448.28 012 1 4 \$896.56 012 2 \$ \$ \$1,344.84 012	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3 7 8 Party Rate
Anthem Blue Cross Traditional HMO	3 3 3 3 3 3 3 3 3 3 3 4 3 4 4 4 4 4 4 4	3 3 3 3 3 3 3 3 3 7 8 Party Rate
Blue Shield Access+ HMO	3 3 3 3 3 3 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 3 3 3 3 3 3 3 3 Party Rate
Blue Shield Access+ EPO	3 3 3 3 3 3 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 3 3 3 3 3 3 3 7 8 Party Rate
Blue Shield Trio HMO	3 3 3 3 3 3 3 3 4 5 Code 3 3	3 3 3 3 3 3 3 7 Party Rate
Health Net Salud y Más \$823.49 531 1 1 \$1,646.98 531 2 2 \$2,141.07 531	3 3 3 3 3 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 3 3 3 3 3 3 Party Rate
Kaiser Permanente	3 3 3 3 3 3 3 4 5 Code 3 3	3 3 3 3 3 Party Rate
Peace Officers Research Assoc of CA	3 3 3 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 3 3 3 3 Party Rate
PERS Gold	3 3 3 3 3 4 5 Code 3 3	3 3 3 3 9 Party Rate
PERS Platinum	3 3 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 3 3 3 Party Rate
Sharp Performance Plus	3 3 3 Party Code	3 3 3 Party Rate 6
UnitedHealthcare SignatureValue Alliance	3 3 Party Code	3 Party Rate 6
UnitedHealthcare SignatureValue Harmony \$819.64 399 1 1 \$1,639.28 399 2 2 \$2,131.06 399	Party Code	Party Rate
Plan Party Party Code Code Rate Plan Party Party Party Code Rate Plan Party Part	Party Code	Party Rate
Plan Party Code Party Code <td>Code 3</td> <td>Rate</td>	Code 3	Rate
Plan Party Code Party Code Subscriber & Code Plan Code Party C	Code 3	Rate
Plan Subscriber Code Code Rate 1 Dependent Code Code Rate 2+ Dependents Code Code Rate 2+ Dependent Code Code Rate 2+ Dependent	Code 3	Rate
Anthem Medicare Preferred PPO \$487.56 516 1 4 \$975.12 516 2 5 \$1,462.68 516 Anthem Medicare Preferred PPO with Dental/Vision¹ \$487.56 513 1 4 \$975.12 513 2 5 \$1,462.68 513 Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 038 2 5 \$1,462.68 038 Anthem Medicare Preferred PPO Dental/Vision¹ \$487.56 074 1 4 \$975.12 074 2 5 \$1,462.68 038 Anthem Medicare Preferred PPO Dental/Vision¹ \$487.56 074 1 4 \$975.12 074 2 5 \$1,462.68 038 Blue Shield Medicare PPO \$448.28 012 1 4 \$896.56 012 2 5 \$1,344.84 012 Blue Shield Medicare PPO with Dental/Vision² \$448.28 017 1 4 \$896.56 017 2 5 \$1,029.24 537		
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Anthem Medicare Preferred PPO \$487.56 038 1 4 \$975.12 038 2 5 \$1,462.68 038 Anthem Medicare Preferred PPO \$487.56 074 1 4 \$975.12 074 2 5 \$1,462.68 074 Dental/Vision¹ \$487.56 074 1 4 \$975.12 074 2 5 \$1,462.68 074 Blue Shield Medicare PPO \$448.28 012 1 4 \$896.56 012 2 5 \$1,344.84 012 Blue Shield Medicare PPO with Dental/Vision² \$448.28 017 1 4 \$896.56 017 2 5 \$1,344.84 017 Kaiser Permanente Senior Advantage \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537 Kaiser Permanente Senior Advantage with \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537		6
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Dental/Vision¹ \$487.56 074 1 4 \$975.12 074 2 5 \$1,462.68 074 Blue Shield Medicare PPO \$448.28 012 1 4 \$896.56 012 2 5 \$1,344.84 012 Blue Shield Medicare PPO with Dental/Vision² \$448.28 017 1 4 \$896.56 017 2 5 \$1,344.84 017 Kaiser Permanente Senior Advantage \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537 Kaiser Permanente Senior Advantage with \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537	3	6
Blue Shield Medicare PPO \$448.28 012 1 4 \$896.56 012 2 5 \$1,344.84 012 Blue Shield Medicare PPO with Dental/Vision² \$448.28 017 1 4 \$896.56 017 2 5 \$1,344.84 017 Kaiser Permanente Senior Advantage \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537 Kaiser Permanente Senior Advantage with \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537	3	6
Blue Shield Medicare PPO with Dental/Vision² \$448.28 017 1 4 \$896.56 017 2 5 \$1,344.84 017 Kaiser Permanente Senior Advantage \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537 Kaiser Permanente Senior Advantage with \$448.28 017 4 \$686.16 537 2 \$1,029.24 537	3	6
Kaiser Permanente Senior Advantage \$343.08 537 1 4 \$686.16 537 2 5 \$1,029.24 537		
Kaiser Permanente Senior Advantage with	3	6
Kaiser Permanente Senior Advantage with	3	6
1	3	6
Dental ³ \$408.31 631 1 4 \$816.62 631 2 5 \$1,224.93 631	3	6
Kaiser Permanente Senior Advantage Summit	3	6
Poace Officers Posearch Assoc of CA		
Medicare Supplement \$507.00 596 1 4 \$1,123.00 596 2 5 \$1,521.00 596		ь
PERS Gold Medicare Supplement \$546.13 652 1 4 \$1,092.26 652 2 5 \$1,638.39 652	3	6
PERS Platinum Medicare Supplement \$584.70 662 1 4 \$1,169.40 662 2 5 \$1,754.10 662	3	6
Sharp Direct Advantage HMO \$272.44 024 1 4 \$544.88 024 2 5 \$817.32 024	3	6
Sharp Direct Advantage HMO with Dental⁴ \$272.44 026 1 4 \$544.88 026 2 5 \$817.32 026	3	6
UnitedHealthcare Group Medicare Advantage PPO \$442.25 580 1 4 \$884.50 580 2 5 \$1,326.75 580	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision ⁵ \$442.25 586 1 4 \$884.50 586 2 5 \$1,326.75 586	· I	6

^{*}For health plan availability by county, please refer to the 2024 Health Benefit Summary or myCalPERS.

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

³Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

⁴Dental benefit is an additional \$12.49 per member per month premium. You will be billed directly for this amount.

⁵Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

Province Of													
Region 2*													
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura													
Combination Monthly Premiums													
									Subscriber in M,				
	Subscriber in M, &	Plan	Party	Party	Subscriber in M, &	Plan	Party	Party	1 Dependent in M, &	Plan	Party	Party	
Plan	1 Dependent in B	Code	Code	Rate	2+ Dependents in B	Code	Code	Rate	1+ Dependent in B	Code	Code	Rate	
Anthem Blue Cross Select HMO and Medicare	\$1,406.56	040	4	7	\$1,957.96	040		0	\$1,526.52	040	6	0	
Preferred	φ1, 4 00.50	040	4		φ1,95 <i>1</i> .90	040	5	8	φ1,520.52	040	0	9	
Anthem Blue Cross Select HMO and Medicare	\$1,406.56	076	4	7	\$1,957.96	076	5	8	\$1,526.52	076	6	9	
Preferred with Dental/Vision ¹ Anthem Blue Cross Traditional HMO and	¥ 1,10000				¥ 1,001100				+ 1,5=515=				
Medicare Preferred	\$1,598.53	519	4	7	\$2,265.11	519	5	8	\$1,641.70	519	6	9	
Anthem Blue Cross Traditional HMO and	04 500 50	500		_	00 005 44	500	_		04.044.70	500			
Medicare Preferred with Dental/Vision ¹	\$1,598.53	522	4	7	\$2,265.11	522	5	8	\$1,641.70	522	6	9	
Blue Shield Access+ HMO and Medicare	\$1,396.81	050	4	7	\$1,965.93	050	5	8	\$1,465.68	050	6	9	
Blue Shield Access+ HMO and Medicare with	\$1,396.81	090	4	7	\$1,965.93	090	5	8	\$1,465.68	090	6	۵	
Dental/Vision ²	• •								. ,		Ť		
Blue Shield Access+ EPO and Medicare	\$1,396.81	031	4	7	\$1,965.93	031	5	8	\$1,465.68	031	6	9	
Blue Shield Access+ EPO and Medicare with	\$1,396.81	032	4	7	\$1,965.93	032	5	8	\$1,465.68	032	6	9	
Dental/Vision ³ Blue Shield Trio HMO and Medicare			4		· ·	095	5	8	·	095	6		
Blue Shield Trio HMO and Medicare with	\$1,357.38	095	4		\$1,902.84	095	5	•	\$1,442.02	093	0	9	
Dental/Vision ⁴	\$1,357.38	098	4	7	\$1,902.84	098	5	8	\$1,442.02	098	6	9	
Kaiser Permanente and Senior Advantage	\$1,287.42	540	4	7	\$1,854.02	540	5	8	\$1,252.76	540	6	9	
Kaiser Permanente and Senior Advantage			_										
with Dental ⁵	\$1,287.42	546	4	4	\$1,854.02	546	5	8	\$1,252.76	546	6	9	
Kaiser Permanente and Senior Advantage	\$1,352.65	634	4	7	\$1,919.25	634	5	8	\$1,383.22	634	6	9	
Summit	Ψ1,002.00	004			Ψ1,515.25	004			Ψ1,000.22	004			
Kaiser Permanente and Senior Advantage Summit with Dental ⁵	\$1,352.65	640	4	7	\$1,919.25	640	5	8	\$1,383.22	640	6	9	
Peace Officers Research Assoc of CA and	4		_		40.001.00		_						
Medicare Supplement	\$1,489.00	599	4	7	\$2,021.00	599	5	8	\$1,651.00	599	6	9	
PERS Gold and Medicare Supplement	\$1,410.88	655	4	7	\$1,929.73	655	5	8	\$1,611.11	655	6	9	
PERS Platinum and Medicare Supplement	\$1,843.46	666	4	7	\$2,598.72	666	5	8	\$1,924.66	666	6	9	
Sharp Performance Plus and Direct	\$1,140.89	025	4	7	\$1,661.96	025	5	8	\$1,065.95	025	6	9	
Advantage HMO Sharp Performance Plus and Direct								-			-		
Advantage HMO with Dental ⁶	\$1,140.89	027	4	7	\$1,661.96	027	5	8	\$1,065.95	027	6	9	
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,332.91	583	4	7	\$1,867.31	583	5	8	\$1,418.90	583	6	9	
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision ⁷	\$1,332.91	589	4	7	\$1,867.31	589	5	8	\$1,418.90	589	6	9	
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,261.89	773	4	7	\$1,753.67	773	5	8	\$1,376.28	773	6	9	
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision ⁷	\$1,261.89	775	4	7	\$1,753.67	775	5	8	\$1,376.28	775	6	9	

CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

Region 2* Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura **Combination Monthly Premiums (Continued)** Subscriber in B, Subscriber in B, & Plan Party **Party** Subscriber in B, & Plan **Party Party** 1 Dependent in M, & Plan **Party Party** 1 Dependent in M Rate 2+ Dependents in M Rate 1+ Dependent in B Code Code Code Code Code Code Rate Plan Anthem Blue Cross Select HMO and Medicare \$1,406.56 040 10 \$1,894.12 040 8 11 \$1.957.96 040 9 12 Preferred Anthem Blue Cross Select HMO and Medicare 7 8 9 \$1,406,56 076 10 076 076 \$1,894.12 11 \$1,957.96 12 Preferred with Dental/Vision¹ Anthem Blue Cross Traditional HMO and 7 519 10 \$2,086.09 519 8 11 519 9 12 \$1,598.53 \$2,265.11 **Medicare Preferred Anthem Blue Cross Traditional HMO and** 7 8 9 522 \$1,598.53 10 \$2,086.09 522 11 \$2,265.11 522 12 Medicare Preferred with Dental/Vision¹ \$1,396.81 050 7 10 \$1,845.09 050 8 11 \$1,965.93 050 9 12 Blue Shield Access+ HMO and Medicare Blue Shield Access+ HMO and Medicare with 7 8 9 090 10 090 11 090 \$1,396.81 \$1,845.09 \$1,965.93 12 Dental/Vision² Blue Shield Access+ EPO and Medicare \$1,396.81 031 7 10 \$1,845.09 031 8 11 \$1,965.93 031 9 12 Blue Shield Access+ EPO and Medicare with 7 8 9 032 10 032 11 \$1,396.81 \$1,845.09 \$1,965.93 032 12 Dental/Vision³ \$1,357.38 \$1,805.66 \$1,902.84 9 Blue Shield Trio HMO and Medicare 095 7 10 095 8 11 095 12 Blue Shield Trio HMO and Medicare with 9 \$1,357.38 7 10 8 11 098 \$1,805.66 098 \$1,902.84 098 12 Dental/Vision4 \$1,287.42 540 7 \$1,630.50 540 8 11 \$1,854.02 9 Kaiser Permanente and Senior Advantage 10 540 12 Kaiser Permanente and Senior Advantage 7 8 9 546 10 546 11 546 12 \$1,287.42 \$1,630.50 \$1,854.02 with Dental⁵ Kaiser Permanente and Senior Advantage 7 8 9 10 11 \$1,352.65 634 \$1,760.96 634 \$1,919.25 634 12 Summit Kaiser Permanente and Senior Advantage \$1,352.65 7 10 \$1,760.96 640 8 11 9 640 \$1,919.25 640 12 Summit with Dental⁵ Peace Officers Research Assoc of CA and 7 8 9 10 599 \$1,477.00 599 \$2,093.00 11 \$2,021.00 599 12 Medicare Supplement **PERS Gold and Medicare Supplement** \$1,410.88 655 7 10 \$1,957.01 655 8 11 \$1,929.73 655 9 12 **PERS Platinum and Medicare Supplement** \$1,843.46 666 7 10 \$2,428.16 666 8 11 \$2,598.72 666 9 12 Sharp Performance Plus and Direct 9 \$1,140.89 025 7 10 025 8 \$1,661.96 025 12 \$1,413.33 11 Advantage HMO **Sharp Performance Plus and Direct** 9 7 8 \$1,140.89 027 10 \$1,413.33 027 11 \$1,661.96 027 12 Advantage HMO with Dental⁶ UnitedHealthcare SignatureValue Alliance and 7 8 9 \$1,332.91 583 10 \$1,775.16 583 11 \$1,867.31 583 12 **Group Medicare Advantage PPO** UnitedHealthcare SignatureValue Alliance and **Group Medicare Advantage PPO with** \$1,332.91 589 7 10 \$1,775.16 589 8 11 \$1,867.31 589 9 12 Dental/Vision⁷ UnitedHealthcare SignatureValue Harmony 7 9 \$1,261.89 773 10 \$1,704.14 773 8 11 \$1,753.67 773 12 and Group Medicare Advantage PPO UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with 775 8 9 \$1,261.89 7 10 \$1,704.14 775 11 \$1,753.67 775 12 Dental/Vision⁷

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⁵Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount. ⁶Dental benefit is an additional \$12.49 per member per month premium. You will be billed directly for this amount.

⁷Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.