# CalPERS 2027 Regional Health Premiums (Actives and Annuitants)

**Effective Date: January 1, 2027**

## Region 2*

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

### 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 | $1,140.20 | 507 | 1 | 1 | $2,280.40 | 507 | 2 | 2 | $2,964.52 | 507 | 3 | 3 |
| Anthem Blue Cross Traditional HMO | $1,263.81 | 510 | 1 | 1 | $2,527.62 | 510 | 2 | 2 | $3,285.91 | 510 | 3 | 3 |
| Blue Shield Access+ HMO | $1,177.77 | 526 | 1 | 1 | $2,355.54 | 526 | 2 | 2 | $3,062.20 | 526 | 3 | 3 |
| Blue Shield EPO | $1,177.77 | 029 | 1 | 1 | $2,355.54 | 029 | 2 | 2 | $3,062.20 | 029 | 3 | 3 |
| Blue Shield Trio HMO | $971.24 | 088 | 1 | 1 | $1,942.48 | 088 | 2 | 2 | $2,525.22 | 088 | 3 | 3 |
| Health Net Salud y Más | $953.15 | 531 | 1 | 1 | $1,906.30 | 531 | 2 | 2 | $2,478.19 | 531 | 3 | 3 |
| Kaiser Permanente | $1,030.94 | 534 | 1 | 1 | $2,061.88 | 534 | 2 | 2 | $2,680.44 | 534 | 3 | 3 |
| Peace Officers Research Association of CA | $1,020.00 | 593 | 1 | 1 | $2,040.00 | 593 | 2 | 2 | $2,650.00 | 593 | 3 | 3 |
| PERS Gold | $1,010.12 | 649 | 1 | 1 | $2,020.24 | 649 | 2 | 2 | $2,626.31 | 649 | 3 | 3 |
| PERS Platinum | $1,538.57 | 658 | 1 | 1 | $3,077.14 | 658 | 2 | 2 | $4,000.28 | 658 | 3 | 3 |
| Sharp Performance Plus | $975.21 | 575 | 1 | 1 | $1,950.42 | 575 | 2 | 2 | $2,535.55 | 575 | 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 | 516 | 1 | 4 | $1,238.50 | 516 | 2 | 5 | $1,857.75 | 516 | 3 | 6 |
| Anthem Medicare Preferred PPO with Dental/Vision[1] | $619.25 | 513 | 1 | 4 | $1,238.50 | 513 | 2 | 5 | $1,857.75 | 513 | 3 | 6 |
| Anthem Medicare Preferred PPO | $619.25 | 038 | 1 | 4 | $1,238.50 | 038 | 2 | 5 | $1,857.75 | 038 | 3 | 6 |
| Anthem Medicare Preferred PPO Dental/Vision[1] | $619.25 | 074 | 1 | 4 | $1,238.50 | 074 | 2 | 5 | $1,857.75 | 074 | 3 | 6 |
| Blue Shield Group Medicare Advantage PPO | $619.36 | 012 | 1 | 4 | $1,238.72 | 012 | 2 | 5 | $1,858.08 | 012 | 3 | 6 |
| Blue Shield Group Medicare Advanage PPO with Dental/Vision[2] | $619.36 | 017 | 1 | 4 | $1,238.72 | 017 | 2 | 5 | $1,858.08 | 017 | 3 | 6 |
| Kaiser Permanente Senior Advantage | $333.93 | 537 | 1 | 4 | $667.86 | 537 | 2 | 5 | $1,001.79 | 537 | 3 | 6 |
| Kaiser Permanente Senior Advantage with Dental[3] | $333.93 | 543 | 1 | 4 | $667.86 | 543 | 2 | 5 | $1,001.79 | 543 | 3 | 6 |
| Kaiser Permanente Senior Advantage Summit | $391.74 | 631 | 1 | 4 | $783.48 | 631 | 2 | 5 | $1,175.22 | 631 | 3 | 6 |
| Kaiser Permanente Senior Advantage Summit with Dental[3] | $391.74 | 637 | 1 | 4 | $783.48 | 637 | 2 | 5 | $1,175.22 | 637 | 3 | 6 |
| Sharp Direct Advantage HMO | $320.22 | 024 | 1 | 4 | $640.44 | 024 | 2 | 5 | $960.66 | 024 | 3 | 6 |
| Sharp Direct Advantage HMO with Dental[4] | $320.22 | 026 | 1 | 4 | $640.44 | 026 | 2 | 5 | $960.66 | 026 | 3 | 6 |
| UnitedHealthcare Group Medicare Advantage PPO | $534.00 | 580 | 1 | 4 | $1,068.00 | 580 | 2 | 5 | $1,602.00 | 580 | 3 | 6 |
| UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision[5] | $534.00 | 586 | 1 | 4 | $1,068.00 | 586 | 2 | 5 | $1,602.00 | 586 | 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 | 596 | 1 | 4 | $1,410.00 | 596 | 2 | 5 | $1,925.00 | 596 | 3 | 6 |
| PERS Gold Medicare Supplement | $597.57 | 652 | 1 | 4 | $1,195.14 | 652 | 2 | 5 | $1,792.71 | 652 | 3 | 6 |
| PERS Platinum Medicare Supplement | $665.50 | 662 | 1 | 4 | $1,331.00 | 662 | 2 | 5 | $1,996.50 | 662 | 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 benefit is an additional $11.77 per member per month premium. You will be billed directly for this amount.

[5]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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**Effective Date: January 1, 2027**

## Region 2*

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

## 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 | $1,759.45 | 040 | 4 | 7 | $2,443.57 | 040 | 5 | 8 | $1,922.62 | 040 | 6 | 9 |
| Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1] | $1,759.45 | 076 | 4 | 7 | $2,443.57 | 076 | 5 | 8 | $1,922.62 | 076 | 6 | 9 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred | $1,883.06 | 519 | 4 | 7 | $2,641.35 | 519 | 5 | 8 | $1,996.79 | 519 | 6 | 9 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1] | $1,883.06 | 522 | 4 | 7 | $2,641.35 | 522 | 5 | 8 | $1,996.79 | 522 | 6 | 9 |
| Blue Shield Access+ HMO and Group Medicare Advantage PPO | $1,797.13 | 050 | 4 | 7 | $2,503.79 | 050 | 5 | 8 | $1,945.38 | 050 | 6 | 9 |
| Blue Shield Access+ HMO and Group Medicare Advantage PPO with Dental/Vision[2] | $1,797.13 | 090 | 4 | 7 | $2,503.79 | 090 | 5 | 8 | $1,945.38 | 090 | 6 | 9 |
| Blue Shield EPO and Group Medicare Advantage PPO | $1,797.13 | 031 | 4 | 7 | $2,503.79 | 031 | 5 | 8 | $1,945.38 | 031 | 6 | 9 |
| Blue Shield EPO and Group Medicare Advantage PPO with Dental/Vision[2] | $1,797.13 | 032 | 4 | 7 | $2,503.79 | 032 | 5 | 8 | $1,945.38 | 032 | 6 | 9 |
| Blue Shield Trio HMO and Group Medicare Advantage PPO | $1,590.60 | 095 | 4 | 7 | $2,173.34 | 095 | 5 | 8 | $1,821.46 | 095 | 6 | 9 |
| Blue Shield Trio HMO and Group Medicare Advantage PPO with Dental/Vision[2] | $1,590.60 | 098 | 4 | 7 | $2,173.34 | 098 | 5 | 8 | $1,821.46 | 098 | 6 | 9 |
| Kaiser Permanente and Senior Advantage | $1,364.87 | 540 | 4 | 7 | $1,983.43 | 540 | 5 | 8 | $1,286.42 | 540 | 6 | 9 |
| Kaiser Permanente and Senior Advantage with Dental[3] | $1,364.87 | 546 | 4 | 7 | $1,983.43 | 546 | 5 | 8 | $1,286.42 | 546 | 6 | 9 |
| Kaiser Permanente and Senior Advantage Summit | $1,422.68 | 634 | 4 | 7 | $2,041.24 | 634 | 5 | 8 | $1,402.04 | 634 | 6 | 9 |
| Kaiser Permanente and Senior Advantage Summit with Dental[3] | $1,422.68 | 640 | 4 | 7 | $2,041.24 | 640 | 5 | 8 | $1,402.04 | 640 | 6 | 9 |
| Sharp Performance Plus and Direct Advantage HMO | $1,295.43 | 025 | 4 | 7 | $1,880.56 | 025 | 5 | 8 | $1,225.57 | 025 | 6 | 9 |
| Sharp Performance Plus and Direct Advantage HMO with Dental[4] | $1,295.43 | 027 | 4 | 7 | $1,880.56 | 027 | 5 | 8 | $1,225.57 | 027 | 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 | $1,759.45 | 040 | 7 | 10 | $2,378.70 | 040 | 8 | 11 | $2,443.57 | 040 | 9 | 12 |
| Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1] | $1,759.45 | 076 | 7 | 10 | $2,378.70 | 076 | 8 | 11 | $2,443.57 | 076 | 9 | 12 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred | $1,883.06 | 519 | 7 | 10 | $2,502.31 | 519 | 8 | 11 | $2,641.35 | 519 | 9 | 12 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1] | $1,883.06 | 522 | 7 | 10 | $2,502.31 | 522 | 8 | 11 | $2,641.35 | 522 | 9 | 12 |
| Blue Shield Access+ HMO and Group Medicare Advantage PPO | $1,797.13 | 050 | 7 | 10 | $2,416.49 | 050 | 8 | 11 | $2,503.79 | 050 | 9 | 12 |
| Blue Shield Access+ HMO and Group Medicare Advantage PPO with Dental/Vision[2] | $1,797.13 | 090 | 7 | 10 | $2,416.49 | 090 | 8 | 11 | $2,503.79 | 090 | 9 | 12 |
| Blue Shield EPO and Group Medicare Advantage PPO | $1,797.13 | 031 | 7 | 10 | $2,416.49 | 031 | 8 | 11 | $2,503.79 | 031 | 9 | 12 |
| Blue Shield EPO and Group Medicare Advantage PPO with Dental/Vision[2] | $1,797.13 | 032 | 7 | 10 | $2,416.49 | 032 | 8 | 11 | $2,503.79 | 032 | 9 | 12 |
| Blue Shield Trio HMO and Group Medicare Advantage PPO | $1,590.60 | 095 | 7 | 10 | $2,209.96 | 095 | 8 | 11 | $2,173.34 | 095 | 9 | 12 |
| Blue Shield Trio HMO and Group Medicare Advantage PPO with Dental/Vision[2] | $1,590.60 | 098 | 7 | 10 | $2,209.96 | 098 | 8 | 11 | $2,173.34 | 098 | 9 | 12 |
| Kaiser Permanente and Senior Advantage | $1,364.87 | 540 | 7 | 10 | $1,698.80 | 540 | 8 | 11 | $1,983.43 | 540 | 9 | 12 |
| Kaiser Permanente and Senior Advantage with Dental[3] | $1,364.87 | 546 | 7 | 10 | $1,698.80 | 546 | 8 | 11 | $1,983.43 | 546 | 9 | 12 |
| Kaiser Permanente and Senior Advantage Summit | $1,422.68 | 634 | 7 | 10 | $1,814.42 | 634 | 8 | 11 | $2,041.24 | 634 | 9 | 12 |
| Kaiser Permanente and Senior Advantage Summit with Dental[3] | $1,422.68 | 640 | 7 | 10 | $1,814.42 | 640 | 8 | 11 | $2,041.24 | 640 | 9 | 12 |
| Sharp Performance Plus and Direct Advantage HMO | $1,295.43 | 025 | 7 | 10 | $1,615.65 | 025 | 8 | 11 | $1,880.56 | 025 | 9 | 12 |
| Sharp Performance Plus and Direct Advantage HMO with Dental[4] | $1,295.43 | 027 | 7 | 10 | $1,615.65 | 027 | 8 | 11 | $1,880.56 | 027 | 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 | $1,660.00 | 599 | 4 | 7 | $2,270.00 | 599 | 5 | 8 | $2,020.00 | 599 | 6 | 9 |
| PERS Gold and Medicare Supplement | $1,607.69 | 655 | 4 | 7 | $2,213.76 | 655 | 5 | 8 | $1,801.21 | 655 | 6 | 9 |
| PERS Platinum and Medicare Supplement | $2,204.07 | 666 | 4 | 7 | $3,127.21 | 666 | 5 | 8 | $2,254.14 | 666 | 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 | $1,790.00 | 599 | 7 | 10 | $2,305.00 | 599 | 8 | 11 | $2,400.00 | 599 | 9 | 12 |
| PERS Gold and Medicare Supplement | $1,607.69 | 655 | 7 | 10 | $2,205.26 | 655 | 8 | 11 | $2,213.76 | 655 | 9 | 12 |
| PERS Platinum and Medicare Supplement | $2,204.07 | 666 | 7 | 10 | $2,869.57 | 666 | 8 | 11 | $3,127.21 | 666 | 9 | 12 |

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[2]Dental and Vision coverage is an additional $40.31 per member per month premium. You will be billed directly for this amount.

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[4]Dental benefit is an additional $11.77 per member per month premium. You will be billed directly for this amount.