CalPERS 2027 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2027

Region 3*

Los Angeles, Riverside, San Bernardino

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	$1,059.06	508	1	1	$2,118.12	508	2	2	$2,753.56	508	3	3
Anthem Blue Cross Traditional HMO	$1,239.02	511	1	1	$2,478.04	511	2	2	$3,221.45	511	3	3
Blue Shield Access+ HMO	$975.19	527	1	1	$1,950.38	527	2	2	$2,535.49	527	3	3
Blue Shield EPO	$975.19	669	1	1	$1,950.38	669	2	2	$2,535.49	669	3	3
Blue Shield Trio HMO	$908.01	452	1	1	$1,816.02	452	2	2	$2,360.83	452	3	3
Health Net Salud y Más	$801.75	532	1	1	$1,603.50	532	2	2	$2,084.55	532	3	3
Kaiser Permanente	$1,011.28	535	1	1	$2,022.56	535	2	2	$2,629.33	535	3	3
Peace Officers Research Association of CA	$1,020.00	594	1	1	$2,040.00	594	2	2	$2,650.00	594	3	3
PERS Gold	$1,014.50	650	1	1	$2,029.00	650	2	2	$2,637.70	650	3	3
PERS Platinum	$1,549.00	659	1	1	$3,098.00	659	2	2	$4,027.40	659	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	517	1	4	$1,238.50	517	2	5	$1,857.75	517	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$619.25	514	1	4	$1,238.50	514	2	5	$1,857.75	514	3	6
Anthem Medicare Preferred PPO	$619.25	039	1	4	$1,238.50	039	2	5	$1,857.75	039	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$619.25	075	1	4	$1,238.50	075	2	5	$1,857.75	075	3	6
Blue Shield Group Medicare Advantage PPO	$619.36	014	1	4	$1,238.72	014	2	5	$1,858.08	014	3	6
Blue Shield Group Medicare Advantage PPO with Dental/Vision[2]	$619.36	047	1	4	$1,238.72	047	2	5	$1,858.08	047	3	6
Kaiser Permanente Senior Advantage	$333.93	538	1	4	$667.86	538	2	5	$1,001.79	538	3	6
Kaiser Permanente Senior Advantage with Dental[3]	$333.93	544	1	4	$667.86	544	2	5	$1,001.79	544	3	6
Kaiser Permanente Senior Advantage Summit	$391.74	632	1	4	$783.48	632	2	5	$1,175.22	632	3	6
Kaiser Permanente Senior Advantage Summit with Dental[3]	$391.74	638	1	4	$783.48	638	2	5	$1,175.22	638	3	6
UnitedHealthcare Group Medicare Advantage PPO	$534.00	581	1	4	$1,068.00	581	2	5	$1,602.00	581	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision[4]	$534.00	587	1	4	$1,068.00	587	2	5	$1,602.00	587	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	597	1	4	$1,410.00	597	2	5	$1,925.00	597	3	6
PERS Gold Medicare Supplement	$597.57	653	1	4	$1,195.14	653	2	5	$1,792.71	653	3	6
PERS Platinum Medicare Supplement	$665.50	663	1	4	$1,331.00	663	2	5	$1,996.50	663	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.

CalPERS 2027 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2027

Region 3*

Los Angeles, Riverside, San Bernardino

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	$1,678.31	041	4	7	$2,313.75	041	5	8	$1,873.94	041	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$1,678.31	077	4	7	$2,313.75	077	5	8	$1,873.94	077	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	$1,858.27	520	4	7	$2,601.68	520	5	8	$1,981.91	520	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$1,858.27	523	4	7	$2,601.68	523	5	8	$1,981.91	523	6	9
Blue Shield Access+ HMO and Group Medicare Advantage PPO	$1,594.55	051	4	7	$2,179.66	051	5	8	$1,823.83	051	6	9
Blue Shield Access+ HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,594.55	091	4	7	$2,179.66	091	5	8	$1,823.83	091	6	9
Blue Shield EPO and Group Medicare Advantage PPO	$1,594.55	670	4	7	$2,179.66	670	5	8	$1,823.83	670	6	9
Blue Shield EPO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,594.55	677	4	7	$2,179.66	677	5	8	$1,823.83	677	6	9
Blue Shield Trio HMO and Group Medicare Advantage PPO	$1,527.37	096	4	7	$2,072.18	096	5	8	$1,783.53	096	6	9
Blue Shield Trio HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,527.37	099	4	7	$2,072.18	099	5	8	$1,783.53	099	6	9
Kaiser Permanente and Senior Advantage	$1,345.21	541	4	7	$1,951.98	541	5	8	$1,274.63	541	6	9
Kaiser Permanente and Senior Advantage with Dental[3]	$1,345.21	547	4	7	$1,951.98	547	5	8	$1,274.63	547	6	9
Kaiser Permanente and Senior Advantage Summit	$1,403.02	635	4	7	$2,009.79	635	5	8	$1,390.25	635	6	9
Kaiser Permanente and Senior Advantage Summit with Dental[3]	$1,403.02	641	4	7	$2,009.79	641	5	8	$1,390.25	641	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	$1,678.31	041	7	10	$2,297.56	041	8	11	$2,313.75	041	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$1,678.31	077	7	10	$2,297.56	077	8	11	$2,313.75	077	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	$1,858.27	520	7	10	$2,477.52	520	8	11	$2,601.68	520	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$1,858.27	523	7	10	$2,477.52	523	8	11	$2,601.68	523	9	12
Blue Shield Access+ HMO and Group Medicare Advantage PPO	$1,594.55	051	7	10	$2,213.91	051	8	11	$2,179.66	051	9	12
Blue Shield Access+ HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,594.55	091	7	10	$2,213.91	091	8	11	$2,179.66	091	9	12
Blue Shield EPO and Group Medicare Advantage PPO	$1,594.55	670	7	10	$2,213.91	670	8	11	$2,179.66	670	9	12
Blue Shield EPO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,594.55	677	7	10	$2,213.91	677	8	11	$2,179.66	677	9	12
Blue Shield Trio HMO and Group Medicare Advantage PPO	$1,527.37	096	7	10	$2,146.73	096	8	11	$2,072.18	096	9	12
Blue Shield Trio HMO and Group Medicare Advantage PPO with Dental/Vision[2]	$1,527.37	099	7	10	$2,146.73	099	8	11	$2,072.18	099	9	12
Kaiser Permanente and Senior Advantage	$1,345.21	541	7	10	$1,679.14	541	8	11	$1,951.98	541	9	12
Kaiser Permanente and Senior Advantage with Dental[3]	$1,345.21	547	7	10	$1,679.14	547	8	11	$1,951.98	547	9	12
Kaiser Permanente and Senior Advantage Summit	$1,403.02	635	7	10	$1,794.76	635	8	11	$2,009.79	635	9	12
Kaiser Permanente and Senior Advantage Summit with Dental[3]	$1,403.02	641	7	10	$1,794.76	641	8	11	$2,009.79	641	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	600	4	7	$2,270.00	600	5	8	$2,020.00	600	6	9
PERS Gold and Medicare Supplement	$1,612.07	656	4	7	$2,220.77	656	5	8	$1,803.84	656	656	9
PERS Platinum and Medicare Supplement	$2,214.50	667	4	7	$3,143.90	667	5	8	$2,260.40	667	667	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	600	7	10	$2,305.00	600	8	11	$2,400.00	600	9	12
PERS Gold and Medicare Supplement	$1,612.07	656	7	10	$2,209.64	656	8	11	$2,220.77	656	9	12
PERS Platinum and Medicare Supplement	$2,214.50	667	7	10	$2,880.00	667	8	11	$3,143.90	667	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.

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