

2027 CalPERS Health Premiums

For Public Agency and School Members

Public Agency and School Health Regions By County

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, and Yuba

Region 2

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

Region 3

Los Angeles, Riverside, and San Bernardino



Plan Type Definitions

HMO Plan

Health Maintenance Organization (HMO) plans provide a comprehensive range of health benefits, including preventive care. Members select a primary care provider (PCP) from the HMO network, who coordinates your care and provides referrals to specialists. Other than applicable copays, you pay no additional costs for pre-authorized services from network providers.

Except for emergency or urgent care, if you obtain care outside the HMO network without a referral from the health plan, you will be responsible for the total cost of services.

PPO Plan

Preferred Provider Organization (PPO) plans operate like traditional “fee-for-service” health plans. You select or are matched with a primary care provider and have access to a network of preferred providers but may choose to see non-preferred providers at a higher out-of-pocket cost. You may also see specialists without a referral. PPO plans have an annual deductible that must be met before certain benefits apply. You are responsible for coinsurance (a percentage of charges), while the plan pays the remaining allowable amount. For care received outside the PPO network, you must pay any charges above the allowable amount.

EPO Plan

The Exclusive Provider Organization (EPO) plans are available in certain California counties and offers the same covered services as an HMO plan, but you must seek services from the plan’s network of preferred providers. You are also able to access physicians and specialists who participate in the network without a referral. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

2027 Basic Plan Premiums

Basic HMO Plans	Region 1		
	Single	2-Party	Family
Anthem Blue Cross Select	\$1,486.44	\$2,972.88	\$3,864.74
Anthem Blue Cross Traditional	1,732.52	3,465.04	4,504.55
Blue Shield Access+	1,479.12	2,958.24	3,845.71
Blue Shield EPO	1,479.12	2,958.24	3,845.71
Blue Shield Trio	1,202.57	2,405.14	3,126.68
Kaiser Permanente	1,187.63	2,375.26	3,087.84
Sutter Health Plan	1,130.67	2,261.34	2,939.74
Western Health Advantage	1,030.80	2,061.60	2,680.08
Basic PPO Plans	Single	2-Party	Family
PERS Gold	1,215.17	2,430.34	3,159.44
PERS Platinum	1,778.62	3,557.24	4,624.41
PORAC	1,095.00	2,395.00	3,115.00

Basic HMO Plans	Region 2		
	Single	2-Party	Family
Anthem Blue Cross Select	\$1,140.20	\$2,280.40	\$2,964.52
Anthem Blue Cross Traditional	1,263.81	2,527.62	3,285.91
Blue Shield Access+	1,177.77	2,355.54	3,062.20
Blue Shield EPO	1,177.77	2,355.54	3,062.20
Blue Shield Trio	971.24	1,942.48	2,525.22
Health Net Salud y Más	953.15	1,906.30	2,478.19
Kaiser Permanente	1,030.94	2,061.88	2,680.44
Sharp Performance Plus (<i>San Diego County only</i>)	975.21	1,950.42	2,535.55
Basic PPO Plans	Single	2-Party	Family
PERS Gold	1,010.12	2,020.24	2,626.31
PERS Platinum	1,538.57	3,077.14	4,000.28
PORAC	1,020.00	2,040.00	2,650.00

Basic HMO Plans	Region 3		
	Single	2-Party	Family
Anthem Blue Cross Select	\$1,059.06	\$2,118.12	\$2,753.56
Anthem Blue Cross Traditional	1,239.02	2,478.04	3,221.45
Blue Shield Access+	975.19	1,950.38	2,535.49
Blue Shield EPO	975.19	1,950.38	2,535.49
Blue Shield Trio	908.01	1,816.02	2,360.83
Health Net Salud y Más	801.75	1,603.50	2,084.55
Kaiser Permanente	1,011.28	2,022.56	2,629.33
Basic PPO Plans	Single	2-Party	Family
PERS Gold	1,014.50	2,029.00	2,637.70
PERS Platinum	1,549.00	3,098.00	4,027.40
PORAC	1,020.00	2,040.00	2,650.00

Basic HMO Plans	Out of State		
	Single	2-Party	Family
Kaiser Permanente (<i>in select areas only</i>)	\$1,502.12	\$3,004.24	\$3,905.51
Kaiser Permanente Nevada	1,347.87	2,695.74	3,504.46
Basic PPO Plans	Single	2-Party	Family
PERS Platinum	1,507.81	3,015.62	3,920.31
PORAC	1,300.00	2,600.00	3,200.00

2027 Medicare Plan Premiums

Medicare Advantage Plans	All Regions		
	Single	2-Party	Family
Anthem Medicare Preferred PPO ¹	\$619.25	\$1,238.50	\$1,857.75
Blue Shield Group Medicare Advantage PPO ²	619.36	1,238.72	1,858.08
Kaiser Permanente Senior Advantage ³	333.93	667.86	1,001.79
Kaiser Permanente Senior Advantage Summit ³	391.74	783.48	1,175.22
Sharp Direct Advantage HMO ⁴ (<i>San Diego County only</i>)	320.22	640.44	960.66
UnitedHealthcare Group Medicare Advantage PPO ⁵	534.00	1,068.00	1,602.00

Medicare Supplement Plans

PERS Gold Medicare Supplement	597.57	1,195.14	1,792.71
PERS Platinum Medicare Supplement	665.50	1,331.00	1,996.50
PORAC	640.00	1,410.00	1,925.00

Medicare Advantage Plans	Out of State		
	Single	2-Party	Family
Blue Shield Group Medicare Advantage PPO ²	\$619.36	\$1,238.72	\$1,858.08
Kaiser Permanente Senior Advantage (<i>in select areas only</i>)	324.40	648.80	973.20
Kaiser Permanente Senior Advantage Summit (<i>in select areas only</i>)	382.24	764.48	1,146.72
UnitedHealthcare Group Medicare Advantage PPO ⁵	534.00	1,068.00	1,602.00
Medicare Supplement Plans	Single	2-Party	Family
PERS Platinum Medicare Supplement	665.50	1,331.00	1,996.50
PORAC	640.00	1,410.00	1,925.00

2027 Combination Plan Premiums

A combination plan means at least one family member is enrolled in a Basic health plan and at least one family member is enrolled in a Medicare health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

Basic HMO + Medicare Plans	Medicare Subscriber +			Basic Subscriber +		
	1 Basic Dependent	2+ Basic Dependents	1+ Basic & 1 Medicare Dependent	1 Medicare Dependent	2+ Medicare Dependents	1 Basic & 1+ Medicare Dependent
	Region 1					
Anthem Blue Cross Select and Anthem Medicare Preferred PPO ¹	\$2,105.69	\$2,997.55	\$2,130.36	\$2,105.69	\$2,724.94	\$2,997.55
Anthem Blue Cross Traditional and Anthem Medicare Preferred PPO ¹	2,351.77	3,391.28	2,278.01	2,351.77	2,971.02	3,391.28
Blue Shield Access+ and Group Medicare Advantage PPO ²	2,098.48	2,985.95	2,126.19	2,098.48	2,717.84	2,985.95
Blue Shield EPO and Group Medicare Advantage PPO ²	2,098.48	2,985.95	2,126.19	2,098.48	2,717.84	2,985.95
Blue Shield Trio and Group Medicare Advantage PPO ²	1,821.93	2,543.47	1,960.26	1,821.93	2,441.29	2,543.47
Kaiser Permanente and Senior Advantage ³	1,521.56	2,234.14	1,380.44	1,521.56	1,855.49	2,234.14
Kaiser Permanente and Senior Advantage Summit ³	1,579.37	2,291.95	1,496.06	1,579.37	1,971.11	2,291.95
Basic PPO + Medicare Plans	Medicare Subscriber +			Basic Subscriber +		
	1 Basic Dependent	2+ Basic Dependents	1+ Basic & 1 Medicare Dependent	1 Medicare Dependent	2+ Medicare Dependents	1 Basic & 1+ Medicare Dependent
	Region 1					
PERS Gold and Medicare Supplement	1,812.74	2,541.84	1,924.24	1,812.74	2,410.31	2,541.84
PERS Platinum and Medicare Supplement	2,444.12	3,511.29	2,398.17	2,444.12	3,109.62	3,511.29
PORAC and Medicare Supplement	1,940.00	2,660.00	2,130.00	1,865.00	2,380.00	2,790.00

Certain CalPERS Medicare Advantage health plans offer optional dental benefits, vision benefits, or both for an additional fee. Medicare enrollees are billed directly for the additional coverage by the health plan.

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.

	Medicare Subscriber +			Basic Subscriber +		
	1 Basic Dependent	2+ Basic Dependents	1+ Basic & 1 Medicare Dependent	1 Medicare Dependent	2+ Medicare Dependents	1 Basic & 1+ Medicare Dependent
Region 2						
Basic HMO + Medicare Plans						
Anthem Blue Cross Select and Anthem Medicare Preferred PPO ¹	\$1,759.45	\$2,443.57	\$1,922.62	\$1,759.45	\$2,378.70	\$2,443.57
Anthem Blue Cross Traditional and Anthem Medicare Preferred PPO ¹	1,883.06	2,641.35	1,996.79	1,883.06	2,502.31	2,641.35
Blue Shield Access+ and Group Medicare Advantage PPO ²	1,797.13	2,503.79	1,945.38	1,797.13	2,416.49	2,503.79
Blue Shield EPO and Group Medicare Advantage PPO ²	1,797.13	2,503.79	1,945.38	1,797.13	2,416.49	2,503.79
Blue Shield Trio and Group Medicare Advantage PPO ²	1,590.60	2,173.34	1,821.46	1,590.60	2,209.96	2,173.34
Kaiser Permanente and Senior Advantage ³	1,364.87	1,983.43	1,286.42	1,364.87	1,698.80	1,983.43
Kaiser Permanente and Senior Advantage Summit ³	1,422.68	2,041.24	1,402.04	1,422.68	1,814.42	2,041.24
Sharp Performance Plus and Direct Advantage HMO ⁴	1,295.43	1,880.56	1,225.57	1,295.43	1,615.65	1,880.56

Basic PPO + Medicare Plans

PERS Gold and Medicare Supplement	1,607.69	2,213.76	1,801.21	1,607.69	2,205.26	2,213.76
PERS Platinum and Medicare Supplement	2,204.07	3,127.21	2,254.14	2,204.07	2,869.57	3,127.21
PORAC and Medicare Supplement	1,660.00	2,270.00	2,020.00	1,790.00	2,305.00	2,400.00

Basic HMO + Medicare Plans

Region 3						
Basic HMO + Medicare Plans						
Anthem Blue Cross Select and Anthem Medicare Preferred PPO ¹	\$1,678.31	\$2,313.75	\$1,873.94	\$1,678.31	\$2,297.56	\$2,313.75
Anthem Blue Cross Traditional and Anthem Medicare Preferred PPO ¹	1,858.27	2,601.68	1,981.91	1,858.27	2,477.52	2,601.68
Blue Shield Access+ and Group Medicare Advantage PPO ²	1,594.55	2,179.66	1,823.83	1,594.55	2,213.91	2,179.66
Blue Shield EPO and Group Medicare Advantage PPO ²	1,594.55	2,179.66	1,823.83	1,594.55	2,213.91	2,179.66
Blue Shield Trio and Group Medicare Advantage PPO ²	1,527.37	2,072.18	1,783.53	1,527.37	2,146.73	2,072.18
Kaiser Permanente and Senior Advantage ³	1,345.21	1,951.98	1,274.63	1,345.21	1,679.14	1,951.98
Kaiser Permanente and Senior Advantage Summit ³	1,403.02	2,009.79	1,390.25	1,403.02	1,794.76	2,009.79

Basic PPO + Medicare Plans

PERS Gold and Medicare Supplement	1,612.07	2,220.77	1,803.84	1,612.07	2,209.64	2,220.77
PERS Platinum and Medicare Supplement	2,214.50	3,143.90	2,260.40	2,214.50	2,880.00	3,143.90
PORAC and Medicare Supplement	1,660.00	2,270.00	2,020.00	1,790.00	2,305.00	2,400.00

Basic HMO + Medicare Plans

Out of State						
Basic HMO + Medicare Plans						
Kaiser Permanente and Senior Advantage	\$1,826.52	\$2,727.79	\$1,550.07	\$1,826.52	\$2,150.92	\$2,727.79
Kaiser Permanente and Senior Advantage Summit	1,884.36	2,785.63	1,665.75	1,884.36	2,266.60	2,785.63
Kaiser Permanente Nevada and Senior Advantage	1,672.27	2,480.99	1,457.52	1,672.27	1,996.67	2,480.99
Kaiser Permanente Nevada and Senior Advantage Summit	1,730.11	2,538.83	1,573.20	1,730.11	2,112.35	2,538.83

Basic PPO + Medicare Plans

PERS Platinum and Medicare Supplement	2,173.31	3,078.00	2,235.69	2,173.31	2,838.81	3,078.00
PORAC and Medicare Supplement	1,940.00	2,540.00	2,010.00	2,070.00	2,585.00	2,670.00

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