

# CalPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

## 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, 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 Del Norte EPO          | \$1,314.27 | 504       | 1          | 1          | \$2,628.54               | 504       | 2          | 2          | \$3,417.10                 | 504       | 3          | 3          |
| Anthem Blue Cross Select HMO             | 1,138.86   | 506       | 1          | 1          | 2,277.72                 | 506       | 2          | 2          | 2,961.04                   | 506       | 3          | 3          |
| Anthem Blue Cross Traditional HMO        | 1,339.70   | 509       | 1          | 1          | 2,679.40                 | 509       | 2          | 2          | 3,483.22                   | 509       | 3          | 3          |
| Blue Shield Access+ HMO                  | 1,076.84   | 525       | 1          | 1          | 2,153.68                 | 525       | 2          | 2          | 2,799.78                   | 525       | 3          | 3          |
| Blue Shield Access+ EPO                  | 1,076.84   | 524       | 1          | 1          | 2,153.68                 | 524       | 2          | 2          | 2,799.78                   | 524       | 3          | 3          |
| Blue Shield Trio HMO                     | 946.84     | 451       | 1          | 1          | 1,893.68                 | 451       | 2          | 2          | 2,461.78                   | 451       | 3          | 3          |
| Kaiser Permanente                        | 1,021.41   | 533       | 1          | 1          | 2,042.82                 | 533       | 2          | 2          | 2,655.67                   | 533       | 3          | 3          |
| Peace Officers Research Assoc of CA      | 931.00     | 592       | 1          | 1          | 2,117.00                 | 592       | 2          | 2          | 2,651.00                   | 592       | 3          | 3          |
| PERS Gold                                | 914.82     | 613       | 1          | 1          | 1,829.64                 | 613       | 2          | 2          | 2,378.53                   | 613       | 3          | 3          |
| PERS Platinum                            | 1,314.27   | 601       | 1          | 1          | 2,628.54                 | 601       | 2          | 2          | 3,417.10                   | 601       | 3          | 3          |
| UnitedHealthcare SignatureValue Alliance | 1,091.13   | 576       | 1          | 1          | 2,182.26                 | 576       | 2          | 2          | 2,836.94                   | 576       | 3          | 3          |
| UnitedHealthcare SignatureValue Harmony  | 937.39     | 495       | 1          | 1          | 1,874.78                 | 495       | 2          | 2          | 2,437.21                   | 495       | 3          | 3          |
| Western Health Advantage HMO             | 807.23     | 591       | 1          | 1          | 1,614.46                 | 591       | 2          | 2          | 2,098.80                   | 591       | 3          | 3          |

## Supplement/Managed Medicare Monthly Premiums (M)

| 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 Select Medicare Preferred PPO  | \$405.83   | 455       | 1          | 4          | \$811.66                 | 455       | 2          | 5          | \$1,217.49                 | 455       | 3          | 6          |
| Anthem Select Medicare Preferred PPO with Dental/Vision <sup>1</sup>          | 405.83     | 459       | 1          | 4          | 811.66                   | 459       | 2          | 5          | 1,217.49                   | 459       | 3          | 6          |
| Anthem Medicare Preferred PPO   | 405.83     | 515       | 1          | 4          | 811.66                   | 515       | 2          | 5          | 1,217.49                   | 515       | 3          | 6          |
| Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>                 | 405.83     | 512       | 1          | 4          | 811.66                   | 512       | 2          | 5          | 1,217.49                   | 512       | 3          | 6          |
| Blue Shield Medicare PPO  | 392.68     | 011       | 1          | 4          | 785.36                   | 011       | 2          | 5          | 1,178.04                   | 011       | 3          | 6          |
| Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>                      | 392.68     | 016       | 1          | 4          | 785.36                   | 016       | 2          | 5          | 1,178.04                   | 016       | 3          | 6          |
| Kaiser Permanente Senior Advantage  | 324.79     | 536       | 1          | 4          | 649.58                   | 536       | 2          | 5          | 974.37                     | 536       | 3          | 6          |
| Kaiser Permanente Senior Advantage with Dental <sup>3</sup>                   | 324.79     | 542       | 1          | 4          | 649.58                   | 542       | 2          | 5          | 974.37                     | 542       | 3          | 6          |
| Kaiser Permanente Senior Advantage Summit                                     | 386.55     | 630       | 1          | 4          | 773.10                   | 630       | 2          | 5          | 1,159.65                   | 630       | 3          | 6          |
| Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>            | 386.55     | 636       | 1          | 4          | 773.10                   | 636       | 2          | 5          | 1,159.65                   | 636       | 3          | 6          |
| Peace Officers Research Assoc of CA Medicare Supplement                       | 465.00     | 595       | 1          | 4          | 1,030.00                 | 595       | 2          | 5          | 1,395.00                   | 595       | 3          | 6          |
| PERS Gold Medicare Supplement   | 406.60     | 616       | 1          | 4          | 813.20                   | 616       | 2          | 5          | 1,219.80                   | 616       | 3          | 6          |
| PERS Platinum Medicare Supplement   | 448.15     | 605       | 1          | 4          | 896.30                   | 605       | 2          | 5          | 1,344.45                   | 605       | 3          | 6          |
| UnitedHealthcare Group Medicare Advantage PPO                                 | 341.72     | 579       | 1          | 4          | 683.44                   | 579       | 2          | 5          | 1,025.16                   | 579       | 3          | 6          |
| UnitedHealthcare Group Medicare Advantage Edge PPO                            | 366.01     | 476       | 1          | 4          | 732.02                   | 476       | 2          | 5          | 1,098.03                   | 476       | 3          | 6          |
| UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>4</sup> | 341.72     | 585       | 1          | 4          | 683.44                   | 585       | 2          | 5          | 1,025.16                   | 585       | 3          | 6          |
| Western Health Advantage MyCare Select HMO                                    | 268.62     | 035       | 1          | 4          | 537.24                   | 035       | 2          | 5          | 805.86                     | 035       | 3          | 6          |

\*For health plan availability by county, please refer to the [2024 Health Benefit Summary](#) or [myCalPERS](#).

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

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

<sup>3</sup>Dental benefit is an additional \$15.66 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$27.04 per member per month premium. You will be billed directly for this amount.

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## 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, Yuba

## Combination 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 B | Plan Code | Party Code | Party Rate |
|---|-------------------------------------|-----------|------------|------------|---------------------------------------|-----------|------------|------------|--------------------------------------|-----------|------------|------------|
| Anthem Blue Cross Del Norte EPO and Medicare Supplement   | \$1,762.42                          | 021       | 4          | 7          | \$2,550.98                            | 021       | 5          | 8          | \$1,684.86                           | 021       | 6          | 9          |
| Anthem Blue Cross Select HMO and Medicare Preferred   | 1,544.69                            | 457       | 4          | 7          | 2,228.01                              | 457       | 5          | 8          | 1,494.98                             | 457       | 6          | 9          |
| Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                       | 1,544.69                            | 460       | 4          | 7          | 2,228.01                              | 460       | 5          | 8          | 1,494.98                             | 460       | 6          | 9          |
| Anthem Blue Cross Traditional HMO and Medicare Preferred  | 1,745.53                            | 518       | 4          | 7          | 2,549.35                              | 518       | 5          | 8          | 1,615.48                             | 518       | 6          | 9          |
| Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                  | 1,745.53                            | 521       | 4          | 7          | 2,549.35                              | 521       | 5          | 8          | 1,615.48                             | 521       | 6          | 9          |
| Blue Shield Access+ HMO and Medicare  | 1,469.52                            | 049       | 4          | 7          | 2,115.62                              | 049       | 5          | 8          | 1,431.46                             | 049       | 6          | 9          |
| Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>                                      | 1,469.52                            | 089       | 4          | 7          | 2,115.62                              | 089       | 5          | 8          | 1,431.46                             | 089       | 6          | 9          |
| Blue Shield Access+ EPO and Medicare  | 1,469.52                            | 092       | 4          | 7          | 2,115.62                              | 092       | 5          | 8          | 1,431.46                             | 092       | 6          | 9          |
| Blue Shield Access+ EPO and Medicare with Dental/Vision <sup>3</sup>                                      | 1,469.52                            | 093       | 4          | 7          | 2,115.62                              | 093       | 5          | 8          | 1,431.46                             | 093       | 6          | 9          |
| Blue Shield Trio HMO and Medicare   | 1,339.52                            | 094       | 4          | 7          | 1,907.62                              | 094       | 5          | 8          | 1,353.46                             | 094       | 6          | 9          |
| Blue Shield Trio HMO and Medicare with Dental/Vision <sup>4</sup>   | 1,339.52                            | 097       | 4          | 7          | 1,907.62                              | 097       | 5          | 8          | 1,353.46                             | 097       | 6          | 9          |
| Kaiser Permanente and Senior Advantage  | 1,346.20                            | 539       | 4          | 7          | 1,959.05                              | 539       | 5          | 8          | 1,262.43                             | 539       | 6          | 9          |
| Kaiser Permanente and Senior Advantage with Dental <sup>5</sup>   | 1,346.20                            | 545       | 4          | 7          | 1,959.05                              | 545       | 5          | 8          | 1,262.43                             | 545       | 6          | 9          |
| Kaiser Permanente and Senior Advantage Summit   | 1,407.96                            | 633       | 4          | 7          | 2,020.81                              | 633       | 5          | 8          | 1,385.95                             | 633       | 6          | 9          |
| Kaiser Permanente and Senior Advantage Summit with Dental <sup>5</sup>                                    | 1,407.96                            | 639       | 4          | 7          | 2,020.81                              | 639       | 5          | 8          | 1,385.95                             | 639       | 6          | 9          |
| Peace Officers Research Assoc of CA and Medicare Supplement   | 1,651.00                            | 598       | 4          | 7          | 2,185.00                              | 598       | 5          | 8          | 1,564.00                             | 598       | 6          | 9          |
| PERS Gold and Medicare Supplement   | 1,321.42                            | 619       | 4          | 7          | 1,870.31                              | 619       | 5          | 8          | 1,362.09                             | 619       | 6          | 9          |
| PERS Platinum and Medicare Supplement   | 1,762.42                            | 609       | 4          | 7          | 2,550.98                              | 609       | 5          | 8          | 1,684.86                             | 609       | 6          | 9          |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO                                 | 1,432.85                            | 582       | 4          | 7          | 2,087.53                              | 582       | 5          | 8          | 1,338.12                             | 582       | 6          | 9          |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage Edge PPO                            | 1,457.14                            | 627       | 4          | 7          | 2,111.82                              | 627       | 5          | 8          | 1,386.70                             | 627       | 6          | 9          |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup> | 1,432.85                            | 588       | 4          | 7          | 2,087.53                              | 588       | 5          | 8          | 1,338.12                             | 588       | 6          | 9          |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO                                  | 1,279.11                            | 497       | 4          | 7          | 1,841.54                              | 497       | 5          | 8          | 1,245.87                             | 497       | 6          | 9          |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage Edge PPO                             | 1,303.40                            | 496       | 4          | 7          | 1,865.83                              | 496       | 5          | 8          | 1,294.45                             | 496       | 6          | 9          |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>  | 1,279.11                            | 498       | 4          | 7          | 1,841.54                              | 498       | 5          | 8          | 1,245.87                             | 498       | 6          | 9          |
| Western Health Advantage HMO and MyCare Select HMO  | 1,075.85                            | 036       | 4          | 7          | 1,560.19                              | 036       | 5          | 8          | 1,021.58                             | 036       | 6          | 9          |

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### Combination 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 Del Norte EPO and Medicare Supplement   | \$1,762.42                          | 021       | 7          | 10         | \$2,210.57                            | 021       | 8          | 11         | \$2,550.98   | 021       | 9          | 12         |
| Anthem Blue Cross Select HMO and Medicare Preferred   | 1,544.69                            | 457       | 7          | 10         | 1,950.52                              | 457       | 8          | 11         | 2,228.01   | 457       | 9          | 12         |
| Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                       | 1,544.69                            | 460       | 7          | 10         | 1,950.52                              | 460       | 8          | 11         | 2,228.01   | 460       | 9          | 12         |
| Anthem Blue Cross Traditional HMO and Medicare Preferred  | 1,745.53                            | 518       | 7          | 10         | 2,151.36                              | 518       | 8          | 11         | 2,549.35   | 518       | 9          | 12         |
| Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                  | 1,745.53                            | 521       | 7          | 10         | 2,151.36                              | 521       | 8          | 11         | 2,549.35   | 521       | 9          | 12         |
| Blue Shield Access+ HMO and Medicare  | 1,469.52                            | 049       | 7          | 10         | 1,862.20                              | 049       | 8          | 11         | 2,115.62   | 049       | 9          | 12         |
| Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>                                      | 1,469.52                            | 089       | 7          | 10         | 1,862.20                              | 089       | 8          | 11         | 2,115.62   | 089       | 9          | 12         |
| Blue Shield Access+ EPO and Medicare  | 1,469.52                            | 092       | 7          | 10         | 1,862.20                              | 092       | 8          | 11         | 2,115.62   | 092       | 9          | 12         |
| Blue Shield Access+ EPO and Medicare with Dental/Vision <sup>3</sup>                                      | 1,469.52                            | 093       | 7          | 10         | 1,862.20                              | 093       | 8          | 11         | 2,115.62   | 093       | 9          | 12         |
| Blue Shield Trio HMO and Medicare   | 1,339.52                            | 094       | 7          | 10         | 1,732.20                              | 094       | 8          | 11         | 1,907.62   | 094       | 9          | 12         |
| Blue Shield Trio HMO and Medicare with Dental/Vision <sup>4</sup>   | 1,339.52                            | 097       | 7          | 10         | 1,732.20                              | 097       | 8          | 11         | 1,907.62   | 097       | 9          | 12         |
| Kaiser Permanente and Senior Advantage  | 1,346.20                            | 539       | 7          | 10         | 1,670.99                              | 539       | 8          | 11         | 1,959.05   | 539       | 9          | 12         |
| Kaiser Permanente and Senior Advantage with Dental <sup>5</sup>   | 1,346.20                            | 545       | 7          | 10         | 1,670.99                              | 545       | 8          | 11         | 1,959.05   | 545       | 9          | 12         |
| Kaiser Permanente and Senior Advantage Summit   | 1,407.96                            | 633       | 7          | 10         | 1,794.51                              | 633       | 8          | 11         | 2,020.81   | 633       | 9          | 12         |
| Kaiser Permanente and Senior Advantage Summit with Dental <sup>5</sup>                                    | 1,407.96                            | 639       | 7          | 10         | 1,794.51                              | 639       | 8          | 11         | 2,020.81   | 639       | 9          | 12         |
| Peace Officers Research Assoc of CA and Medicare Supplement   | 1,396.00                            | 598       | 7          | 10         | 1,961.00                              | 598       | 8          | 11         | 2,185.00   | 598       | 9          | 12         |
| PERS Gold and Medicare Supplement   | 1,321.42                            | 619       | 7          | 10         | 1,728.02                              | 619       | 8          | 11         | 1,870.31   | 619       | 9          | 12         |
| PERS Platinum and Medicare Supplement   | 1,762.42                            | 609       | 7          | 10         | 2,210.57                              | 609       | 8          | 11         | 2,550.98   | 609       | 9          | 12         |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO                                 | 1,432.85                            | 582       | 7          | 10         | 1,774.57                              | 582       | 8          | 11         | 2,087.53   | 582       | 9          | 12         |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage Edge PPO                            | 1,457.14                            | 627       | 7          | 10         | 1,823.15                              | 627       | 8          | 11         | 2,111.82   | 627       | 9          | 12         |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup> | 1,432.85                            | 588       | 7          | 10         | 1,774.57                              | 588       | 8          | 11         | 2,087.53   | 588       | 9          | 12         |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO                                  | 1,279.11                            | 497       | 7          | 10         | 1,620.83                              | 497       | 8          | 11         | 1,841.54   | 497       | 9          | 12         |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage Edge PPO                             | 1,303.40                            | 496       | 7          | 10         | 1,669.41                              | 496       | 8          | 11         | 1,865.83   | 496       | 9          | 12         |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>  | 1,279.11                            | 498       | 7          | 10         | 1,620.83                              | 498       | 8          | 11         | 1,841.54   | 498       | 9          | 12         |
| Western Health Advantage HMO and MyCare Select HMO  | 1,075.85                            | 036       | 7          | 10         | 1,344.47                              | 036       | 8          | 11         | 1,560.19   | 036       | 9          | 12         |

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

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

<sup>3</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>5</sup>Dental benefit is an additional \$15.66 per member per month premium. You will be billed directly for this amount.

<sup>6</sup>Dental and Vision coverage is an additional \$27.04 per member per month premium. You will be billed directly for this amount.