2023 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 PPO Plan EPO Plan

A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher coinsurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain coinsurance amount and the plan pays the balance up to the allowable amount.

The Exclusive Provider Organization (EPO) plan offers the same covered services as an HMO plan, and no deductible, but you must seek services from the plans' PPO network of preferred providers. You're not required to select a primary care physician.





2023 Basic and Medicare Plan Premiums

	Region 1				
BASIC HMO PLANS	Single 2-Party Family				
Anthem Blue Cross Del Norte County EPO	\$1,200.12	\$2,400.24	\$3,120.31		
Anthem Blue Cross Select	1,128.83	2,257.66	2,934.96		
Anthem Blue Cross Traditional	1,210.71	2,421.42	3,147.85		
Blue Shield Access+	1,035.21	2,070.42	2,691.55		
Blue Shield Access+ EPO	1,035.21	2,691.55			
Blue Shield Trio	888.94 1,777.88		2,311.24		
Health Net SmartCare	1,174.50	2,349.00	3,053.70		
Kaiser Permanente	913.74 1,827.48		2,375.72		
UnitedHealthcare SignatureValue Alliance	1,044.07 2,088.14		2,714.58		
Western Health Advantage	760.17 1,520		1,976.44		
BASIC PPO PLANS	Single 2-Party		Family		
PERS Gold	825.61	1,651.22	2,146.59		
PERS Platinum	1,200.12	2,400.24	3,120.31		
PORAC	825.00	1,875.00	2,300.00		

	Region 2				
BASIC HMO PLANS	Single	2-Party	Family		
Anthem Blue Cross Select	\$765.37	\$1,530.74	\$1,989.96		
Anthem Blue Cross Traditional	935.12	1,870.24	2,431.31		
Blue Shield Access+	842.61	1,685.22	2,190.79		
Blue Shield Access+ EPO	842.61	1,685.22	2,190.79		
Blue Shield Trio	760.71	1,521.42	1,977.85		
Health Net Salud y Más	698.91	1,397.82	1,817.17		
Health Net SmartCare	834.65	1,669.30	2,170.09		
Kaiser Permanente	756.21	1,512.42	1,966.15		
Sharp Performance Plus (San Diego county only)	764.96	1,529.92	1,988.90		
UnitedHealthcare SignatureValue Alliance	793.63	1,587.26	2,063.44		
UnitedHealthcare SignatureValue Harmony	781.58	1,563.16	2,032.11		
BASIC PPO PLANS	Single	2-Party	Family		
PERS Gold	695.93	1,391.86	1,809.42		
PERS Platinum	1,014.80	2,029.60	2,638.48		
PORAC	820.00	1,650.00	2,100.00		

	Region 3				
BASIC HMO PLANS	Single	2-Party	Family		
Anthem Blue Cross Select	\$737.91	\$1,475.82	\$1,918.57		
Anthem Blue Cross Traditional	942.73	1,885.46	2,451.10		
Blue Shield Access+	738.29	1,476.58	1,919.55		
Blue Shield Trio	661.49	1,322.98	1,719.87		
Health Net Salud y Más	606.34	1,212.68	1,576.48		
Health Net SmartCare	755.29	1,510.58	1,963.75		
Kaiser Permanente	754.64	1,509.28	1,962.06		
UnitedHealthcare SignatureValue Alliance	790.46	1,580.92	2,055.20		
UnitedHealthcare SignatureValue Harmony	713.55	1,427.10	1,855.23		
BASIC PPO PLANS	Single	2-Party	Family		
PERS Gold	680.37	1,360.74	1,768.96		
PERS Platinum	992.59	1,985.18	2,580.73		
PORAC	820.00	1,600.00	2,100.00		

	Out of State				
BASIC HMO PLANS	Single	Family			
Kaiser Permanente	\$1,155.43	\$2,310.86	\$3,004.12		
BASIC PPO PLANS	Single	Family			
PERS Platinum	1,003.90	2,007.80	2,610.14		
PORAC	935.00	1,899.00	2,250.00		

	All Regions				
MEDICARE PLANS	Single	2-Party	Family		
Anthem Blue Cross Medicare Preferred PPO ¹ (not available Out of State)	\$413.59	\$827.18	\$1,240.77		
Blue Shield Medicare PPO¹	361.90	723.80	1,085.70		
Kaiser Permanente Senior Advantage ²	283.25	566.50	849.75		
Kaiser Permanente Senior Advantage — Out of State (in select areas only)	274.03	548.06	822.09		
Kaiser Permanente Senior Advantage Summit ² (not available Out of State)	336.29	672.58	1,008.87		
PERS Gold Medicare Supplement PPO (not available Out of State)	392.71	785.42	1,178.13		
PERS Platinum Medicare Supplement PPO	420.02	840.04	1,260.06		
PORAC PPO	465.00	1,030.00	1,395.00		
Sharp Direct Advantage HMO⁴ (San Diego County only)	249.79	499.58	749.37		
UnitedHealthcare Group Medicare Advantage PPO ³	299.68	599.36	899.04		
UnitedHealthcare Group Medicare Advantage Edge PPO	357.70	715.40	1,073.10		
Western Health Advantage MyCare Select HMO (Region 1 only)	331.11	662.22	993.33		

¹Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount. ²Dental benefit is an additional \$15.35 per member per month. The plan will bill you directly for this amount.

2023 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.

	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
BASIC HMO + MEDICARE PLANS			Regi	on 1		
Anthem Blue Cross Del Norte EPO and Medicare Preferred	\$1,620.14	\$2,340.21	\$1,560.11	\$1,620.14	\$2,040.16	\$2,340.21
Anthem Blue Cross Select and Medicare Preferred ¹	1,542.42	2,219.72	1,504.48	1,542.42	1,956.01	2,219.72
Anthem Blue Cross Traditional and Medicare Preferred ¹	1,624.30	2,350.73	1,553.61	1,624.30	2,037.89	2,350.73
Blue Shield Access+ HMO and Medicare PPO ¹	1,397.11	2,018.24	1,344.93	1,397.11	1,759.01	2,018.24
Blue Shield Access+ EPO and Medicare PPO ¹	1,397.11	2,018.24	1,344.93	1,397.11	1,759.01	2,018.24
Blue Shield Trio and Medicare PPO ¹	1,250.84	1,784.20	1,257.16	1,250.84	1,612.74	1,784.20
Kaiser Permanente and Senior Advantage ²	1,196.99	1,745.23	1,114.74	1,196.99	1,480.24	1,745.23
Kaiser Permanente and Senior Advantage Summit ²	1,250.03	1,798.27	1,220.82	1,250.03	1,586.32	1,798.27
UnitedHealthcare SignatureValue Alliance and Medicare Advantage ³	1,343.75	1,970.19	1,225.80	1,343.75	1,643.43	1,970.19
UnitedHealthcare SignatureValue Alliance and Medicare Advantage Edge	1,401.77	2,028.21	1,341.84	1,401.77	1,759.47	2,028.21
Western Health Advantage and MyCare Select HMO	1,091.28	1,547.38	1,118.32	1,091.28	1,422.39	1,547.38
BASIC PPO + MEDICARE PLANS						
PERS Gold and Medicare Supplement	1,218.32	1,713.69	1,280.79	1,218.32	1,611.03	1,713.69
PERS Platinum and Medicare Supplement	1,620.14	2,340.21	1,560.11	1,620.14	2,040.16	2,340.21
PORAC and Medicare Supplement	1,525.00	1,999.00	1,582.00	1,392.00	1,854.00	1,868.00

³ Dental and Vision coverage is an additional \$26.03 per member per month. The plan will bill you directly for this amount.
⁴ Dental benefit is an additional \$13.00 per member per month. The plan will bill you 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	
BASIC HMO + MEDICARE PLANS			Regi	on 2			
Anthem Blue Cross Select and Medicare Preferred ¹	\$1,178.96	\$1,638.18	\$1,286.40	\$1,178.96	\$1,592.55	\$1,638.18	
Anthem Blue Cross Traditional and Medicare Preferred ¹	1,348.71	1,909.78	1,388.25	1,348.71	1,762.30	1,909.78	
Blue Shield Access+ and Medicare ¹	1,204.51	1,710.08	1,229.37	1,204.51	1,566.41	1,710.08	
Blue Shield Access+ EPO and Medicare ¹	1,204.51	1,710.08	1,229.37	1,204.51	1,566.41	1,710.08	
Blue Shield Trio and Medicare ¹	1,122.61	1,579.04	1,180.23	1,122.61	1,484.51	1,579.04	
Kaiser Permanente and Senior Advantage ²	1,039.46	1,493.19	1,020.23	1,039.46	1,322.71	1,493.19	
Kaiser Permanente and Senior Advantage Summit ²	1,092.50	1,546.23	1,126.31	1,092.50	1,428.79	1,546.23	
Sharp Performance Plus and Direct Advantage Medicare ⁴	1,014.75	1,473.73	958.56	1,014.75	1,264.54	1,473.73	
UnitedHealthcare SignatureValue Alliance and Medicare Advantage³	1,093.31	1,569.49	1,075.54	1,093.31	1,392.99	1,569.49	
UnitedHealthcare SignatureValue Alliance and Medicare Advantage Edge	1,151.33	1,627.51	1,191.58	1,151.33	1,509.03	1,627.51	
UnitedHealthcare SignatureValue Harmony and Medicare Advantage³	1,081.26	1,550.21	1,068.31	1,081.26	1,380.94	1,550.21	
UnitedHealthcare SignatureValue Harmony and Medicare Advantage Edge	1,139.28	1,608.23	1,184.35	1,139.28	1,496.98	1,608.23	
BASIC PPO + MEDICARE PLANS							
PERS Gold and Medicare Supplement	1,088.64	1,506.20	1,202.98	1,088.64	1,481.35	1,506.20	
PERS Platinum and Medicare Supplement	1,434.82	2,043.70	1,448.92	1,434.82	1,854.84	2,043.70	
PORAC and Medicare Supplement	1,430.00	1,914.00	1,661.00	1,425.00	1,887.00	1,909.00	
BASIC HMO + MEDICARE PLANS			Regi	on 3			
Anthem Blue Cross Select and Medicare Preferred ¹	\$1,151.50	\$1,594.25	\$1,269.93	\$1,151.50	\$1,565.09	\$1,594.25	
Anthem Blue Cross Traditional and Medicare Preferred ¹	1,356.32	1,921.96	1,392.82	1,356.32	1,769.91	1,921.96	
Blue Shield Access+ and Medicare ¹	1,100.19	1,543.16	1,166.77	1,100.19	1,462.09	1,543.16	
Blue Shield Access+ EPO and Medicare ¹	1,100.19	1,543.16	1,166.77	1,100.19	1,462.09	1,543.16	
Blue Shield Trio and Medicare ¹	1,023.39	1,420.28	1,120.69	1,023.39	1,385.29	1,420.28	
Kaiser Permanente and Senior Advantage ²	1,037.89	1,490.67	1,019.28	1,037.89	1,321.14	1,490.67	
Kaiser Permanente and Senior Advantage Summit ²	1,090.93	1,543.71	1,125.36	1,090.93	1,427.22	1,543.71	
UnitedHealthcare SignatureValue Alliance and Medicare Advantage ³	1,090.14	1,564.42	1,073.64	1,090.14	1,389.82	1,564.42	
UnitedHealthcare SignatureValue Alliance and Medicare Advantage Edge	1,148.16	1,622.44	1,189.68	1,148.16	1,505.86	1,622.44	
UnitedHealthcare SignatureValue Harmony and Medicare Advantage³	1,013.23	1,441.36	1,027.49	1,013.23	1,312.91	1,441.36	
UnitedHealthcare SignatureValue Harmony and Medicare Advantage Edge	1,071.25	1,499.38	1,143.53	1,071.25	1,428.95	1,499.38	
BASIC PPO + MEDICARE PLANS							
PERS Gold and Medicare Supplement	1,073.08	1,481.30	1,193.64	1,073.08	1,465.79	1,481.30	
PERS Platinum and Medicare Supplement	1,412.61	2,008.16	1,435.59	1,412.61	1,832.63	2,008.16	
PORAC and Medicare Supplement	1,368.00	1,888.00	1,687.00	1363.00	1,825.00	1,773.00	
BASIC HMO + MEDICARE PLANS			Out of	State			
Kaiser Permanente and Senior Advantage ²	\$1,429.46	\$2,122.72	\$1,241.32	\$1,429.46	\$1,703.49	\$2,122.72	
BASIC PPO + MEDICARE PLANS							
PERS Platinum and Medicare Supplement	1,423.92	2,026.26	1,442.38	1,423.92	1,843.94	2,026.26	
PORAC and Medicare Supplement	1,493.00	1,918.00	1,476.00	1,493.00	1,955.00	1,862.00	
¹ Dental and Vision coverage is an additional \$38.00 per member per	month. The plan	will bill you directly	y for this amount.				

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