

# CaPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

## 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	\$841.13	508	1	1	\$1,682.26	508	2	2	\$2,186.94	508	3	3
Anthem Blue Cross Traditional HMO	1,012.67	511	1	1	2,025.34	511	2	2	2,632.94	511	3	3
Blue Shield Access+ HMO	756.65	527	1	1	1,513.30	527	2	2	1,967.29	527	3	3
Blue Shield Trio HMO	704.69	452	1	1	1,409.38	452	2	2	1,832.19	452	3	3
Health Net Salud y Más	630.13	532	1	1	1,260.26	532	2	2	1,638.34	532	3	3
Kaiser Permanente	865.41	535	1	1	1,730.82	535	2	2	2,250.07	535	3	3
Peace Officers Research Assoc of CA	926.00	594	1	1	1,863.00	594	2	2	2,371.00	594	3	3
PERS Gold	785.28	615	1	1	1,570.56	615	2	2	2,041.73	615	3	3
PERS Platinum	1,131.47	603	1	1	2,262.94	603	2	2	2,941.82	603	3	3
UnitedHealthcare SignatureValue Alliance	826.44	578	1	1	1,652.88	578	2	2	2,148.74	578	3	3
UnitedHealthcare SignatureValue Harmony	734.76	475	1	1	1,469.52	475	2	2	1,910.38	475	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	039	1	4	\$811.66	039	2	5	\$1,217.49	039	3	6
Anthem Select Medicare Preferred PPO with Dental/Vision <sup>1</sup>	405.83	075	1	4	811.66	075	2	5	1,217.49	075	3	6
Anthem Medicare Preferred PPO	405.83	517	1	4	811.66	517	2	5	1,217.49	517	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	405.83	514	1	4	811.66	514	2	5	1,217.49	514	3	6
Blue Shield Medicare PPO	392.68	014	1	4	785.36	014	2	5	1,178.04	014	3	6
Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>	392.68	047	1	4	785.36	047	2	5	1,178.04	047	3	6
Kaiser Permanente Senior Advantage	324.79	538	1	4	649.58	538	2	5	974.37	538	3	6
Kaiser Permanente Senior Advantage with Dental <sup>3</sup>	324.79	544	1	4	649.58	544	2	5	974.37	544	3	6
Kaiser Permanente Senior Advantage Summit	386.55	632	1	4	773.10	632	2	5	1,159.65	632	3	6
Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>	386.55	638	1	4	773.10	638	2	5	1,159.65	638	3	6
Peace Officers Research Assoc of CA Medicare Supplement	465.00	597	1	4	1,030.00	597	2	5	1,395.00	597	3	6
PERS Gold Medicare Supplement	406.60	618	1	4	813.20	618	2	5	1,219.80	618	3	6
PERS Platinum Medicare Supplement	448.15	607	1	4	896.30	607	2	5	1,344.45	607	3	6
UnitedHealthcare Group Medicare Advantage PPO	341.72	581	1	4	683.44	581	2	5	1,025.16	581	3	6
UnitedHealthcare Group Medicare Advantage Edge PPO	366.01	623	1	4	732.02	623	2	5	1,098.03	623	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>4</sup>	341.72	587	1	4	683.44	587	2	5	1,025.16	587	3	6

\*For health plan availability by county, please refer to the 2024 Health Benefit Summary or myCaPERS.

<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.

# CalPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

Region 3*												
Los Angeles, Riverside, San Bernardino												
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 M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	\$1,246.96	041	4	7	\$1,751.64	041	5	8	\$1,316.34	041	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	1,246.96	077	4	7	1,751.64	077	5	8	1,316.34	077	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,418.50	520	4	7	2,026.10	520	5	8	1,419.26	520	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	1,418.50	523	4	7	2,026.10	523	5	8	1,419.26	523	6	9
Blue Shield Access+ HMO and Medicare	1,149.33	051	4	7	1,603.32	051	5	8	1,239.35	051	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	1,149.33	091	4	7	1,603.32	091	5	8	1,239.35	091	6	9
Blue Shield Trio HMO and Medicare	1,097.37	096	4	7	1,520.18	096	5	8	1,208.17	096	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>3</sup>	1,097.37	099	4	7	1,520.18	099	5	8	1,208.17	099	6	9
Kaiser Permanente and Senior Advantage	1,190.20	541	4	7	1,709.45	541	5	8	1,168.83	541	6	9
Kaiser Permanente and Senior Advantage with Dental <sup>4</sup>	1,190.20	547	4	7	1,709.45	547	5	8	1,168.83	547	6	9
Kaiser Permanente and Senior Advantage Summit	1,251.96	635	4	7	1,771.21	635	5	8	1,292.35	635	6	9
Kaiser Permanente and Senior Advantage Summit with Dental <sup>4</sup>	1,251.96	641	4	7	1,771.21	641	5	8	1,292.35	641	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,402.00	600	4	7	1,910.00	600	5	8	1,538.00	600	6	9
PERS Gold and Medicare Supplement	1,191.88	621	4	7	1,663.05	621	5	8	1,284.37	621	6	9
PERS Platinum and Medicare Supplement	1,579.62	611	4	7	2,258.50	611	5	8	1,575.18	611	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	1,168.16	584	4	7	1,664.02	584	5	8	1,179.30	584	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage Edge PPO	1,192.45	629	4	7	1,688.31	629	5	8	1,227.88	629	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	1,168.16	590	4	7	1,664.02	590	5	8	1,179.30	590	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	1,076.48	774	4	7	1,517.34	774	5	8	1,124.30	774	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage Edge PPO	1,100.77	626	4	7	1,541.63	626	5	8	1,172.88	626	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	1,076.48	776	4	7	1,517.34	776	5	8	1,124.30	776	6	9

# CaIPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

## Region 3\*

Los Angeles, Riverside, San Bernardino

### 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 Select HMO and Medicare Preferred	\$1,246.96	041	7	10	\$1,652.79	041	8	11	\$1,751.64	041	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	1,246.96	077	7	10	1,652.79	077	8	11	1,751.64	077	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,418.50	520	7	10	1,824.33	520	8	11	2,026.10	520	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	1,418.50	523	7	10	1,824.33	523	8	11	2,026.10	523	9	12
Blue Shield Access+ HMO and Medicare	1,149.33	051	7	10	1,542.01	051	8	11	1,603.32	051	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	1,149.33	091	7	10	1,542.01	091	8	11	1,603.32	091	9	12
Blue Shield Trio HMO and Medicare	1,097.37	096	7	10	1,490.05	096	8	11	1,520.18	096	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>3</sup>	1,097.37	099	7	10	1,490.05	099	8	11	1,520.18	099	9	12
Kaiser Permanente and Senior Advantage	1,190.20	541	7	10	1,514.99	541	8	11	1,709.45	541	9	12
Kaiser Permanente and Senior Advantage with Dental <sup>4</sup>	1,190.20	547	7	10	1,514.99	547	8	11	1,709.45	547	9	12
Kaiser Permanente and Senior Advantage Summit	1,251.96	635	7	10	1,638.51	635	8	11	1,771.21	635	9	12
Kaiser Permanente and Senior Advantage Summit with Dental <sup>4</sup>	1,251.96	641	7	10	1,638.51	641	8	11	1,771.21	641	9	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,391.00	600	7	10	1,956.00	600	8	11	1,910.00	600	9	12
PERS Gold and Medicare Supplement	1,191.88	621	7	10	1,598.48	621	8	11	1,663.05	621	9	12
PERS Platinum and Medicare Supplement	1,579.62	611	7	10	2,027.77	611	8	11	2,258.50	611	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	1,168.16	584	7	10	1,509.88	584	8	11	1,664.02	584	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage Edge PPO	1,192.45	629	7	10	1,558.46	629	8	11	1,688.31	629	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	1,168.16	590	7	10	1,509.88	590	8	11	1,664.02	590	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	1,076.48	774	7	10	1,418.20	774	8	11	1,517.34	774	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage Edge PPO	1,100.77	626	7	10	1,466.78	626	8	11	1,541.63	626	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	1,076.48	776	7	10	1,418.20	776	8	11	1,517.34	776	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.

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