

# 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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## 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

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