

CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

Region 2*

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

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	\$919.00	507	1	1	\$1,838.00	507	2	2	\$2,389.40	507	3	3
Anthem Blue Cross Traditional HMO	\$1,110.97	510	1	1	\$2,221.94	510	2	2	\$2,888.52	510	3	3
Blue Shield Access+ HMO	\$948.53	526	1	1	\$1,897.06	526	2	2	\$2,466.18	526	3	3
Blue Shield Access+ EPO	\$948.53	029	1	1	\$1,897.06	029	2	2	\$2,466.18	029	3	3
Blue Shield Trio HMO	\$909.10	088	1	1	\$1,818.20	088	2	2	\$2,363.66	088	3	3
Health Net Salud y Más	\$823.49	531	1	1	\$1,646.98	531	2	2	\$2,141.07	531	3	3
Kaiser Permanente	\$944.34	534	1	1	\$1,888.68	534	2	2	\$2,455.28	534	3	3
Peace Officers Research Assoc of CA	\$970.00	593	1	1	\$1,951.00	593	2	2	\$2,484.00	593	3	3
PERS Gold	\$864.75	649	1	1	\$1,729.50	649	2	2	\$2,248.35	649	3	3
PERS Platinum	\$1,258.76	658	1	1	\$2,517.52	658	2	2	\$3,272.78	658	3	3
Sharp Performance Plus	\$868.45	575	1	1	\$1,736.90	575	2	2	\$2,257.97	575	3	3
UnitedHealthcare SignatureValue Alliance	\$890.66	577	1	1	\$1,781.32	577	2	2	\$2,315.72	577	3	3
UnitedHealthcare SignatureValue Harmony	\$819.64	399	1	1	\$1,639.28	399	2	2	\$2,131.06	399	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 Medicare Preferred PPO	\$487.56	516	1	4	\$975.12	516	2	5	\$1,462.68	516	3	6
Anthem Medicare Preferred PPO with Dental/Vision ¹	\$487.56	513	1	4	\$975.12	513	2	5	\$1,462.68	513	3	6
Anthem Medicare Preferred PPO	\$487.56	038	1	4	\$975.12	038	2	5	\$1,462.68	038	3	6
Anthem Medicare Preferred PPO Dental/Vision ¹	\$487.56	074	1	4	\$975.12	074	2	5	\$1,462.68	074	3	6
Blue Shield Medicare PPO	\$448.28	012	1	4	\$896.56	012	2	5	\$1,344.84	012	3	6
Blue Shield Medicare PPO with Dental/Vision ²	\$448.28	017	1	4	\$896.56	017	2	5	\$1,344.84	017	3	6
Kaiser Permanente Senior Advantage	\$343.08	537	1	4	\$686.16	537	2	5	\$1,029.24	537	3	6
Kaiser Permanente Senior Advantage with Dental ³	\$343.08	543	1	4	\$686.16	543	2	5	\$1,029.24	543	3	6
Kaiser Permanente Senior Advantage Summit	\$408.31	631	1	4	\$816.62	631	2	5	\$1,224.93	631	3	6
Kaiser Permanente Senior Advantage Summit with Dental ³	\$408.31	637	1	4	\$816.62	637	2	5	\$1,224.93	637	3	6
Peace Officers Research Assoc of CA Medicare Supplement	\$507.00	596	1	4	\$1,123.00	596	2	5	\$1,521.00	596	3	6
PERS Gold Medicare Supplement	\$546.13	652	1	4	\$1,092.26	652	2	5	\$1,638.39	652	3	6
PERS Platinum Medicare Supplement	\$584.70	662	1	4	\$1,169.40	662	2	5	\$1,754.10	662	3	6
Sharp Direct Advantage HMO	\$272.44	024	1	4	\$544.88	024	2	5	\$817.32	024	3	6
Sharp Direct Advantage HMO with Dental ⁴	\$272.44	026	1	4	\$544.88	026	2	5	\$817.32	026	3	6
UnitedHealthcare Group Medicare Advantage PPO	\$442.25	580	1	4	\$884.50	580	2	5	\$1,326.75	580	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision ⁵	\$442.25	586	1	4	\$884.50	586	2	5	\$1,326.75	586	3	6

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

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

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

³Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

⁴Dental benefit is an additional \$12.49 per member per month premium. You will be billed directly for this amount.

⁵Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

Region 2*

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

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	\$1,406.56	040	4	7	\$1,957.96	040	5	8	\$1,526.52	040	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision ¹	\$1,406.56	076	4	7	\$1,957.96	076	5	8	\$1,526.52	076	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,598.53	519	4	7	\$2,265.11	519	5	8	\$1,641.70	519	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision ¹	\$1,598.53	522	4	7	\$2,265.11	522	5	8	\$1,641.70	522	6	9
Blue Shield Access+ HMO and Medicare	\$1,396.81	050	4	7	\$1,965.93	050	5	8	\$1,465.68	050	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision ²	\$1,396.81	090	4	7	\$1,965.93	090	5	8	\$1,465.68	090	6	9
Blue Shield Access+ EPO and Medicare	\$1,396.81	031	4	7	\$1,965.93	031	5	8	\$1,465.68	031	6	9
Blue Shield Access+ EPO and Medicare with Dental/Vision ³	\$1,396.81	032	4	7	\$1,965.93	032	5	8	\$1,465.68	032	6	9
Blue Shield Trio HMO and Medicare	\$1,357.38	095	4	7	\$1,902.84	095	5	8	\$1,442.02	095	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision ⁴	\$1,357.38	098	4	7	\$1,902.84	098	5	8	\$1,442.02	098	6	9
Kaiser Permanente and Senior Advantage	\$1,287.42	540	4	7	\$1,854.02	540	5	8	\$1,252.76	540	6	9
Kaiser Permanente and Senior Advantage with Dental ⁵	\$1,287.42	546	4	7	\$1,854.02	546	5	8	\$1,252.76	546	6	9
Kaiser Permanente and Senior Advantage Summit	\$1,352.65	634	4	7	\$1,919.25	634	5	8	\$1,383.22	634	6	9
Kaiser Permanente and Senior Advantage Summit with Dental ⁵	\$1,352.65	640	4	7	\$1,919.25	640	5	8	\$1,383.22	640	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,489.00	599	4	7	\$2,021.00	599	5	8	\$1,651.00	599	6	9
PERS Gold and Medicare Supplement	\$1,410.88	655	4	7	\$1,929.73	655	5	8	\$1,611.11	655	6	9
PERS Platinum and Medicare Supplement	\$1,843.46	666	4	7	\$2,598.72	666	5	8	\$1,924.66	666	6	9
Sharp Performance Plus and Direct Advantage HMO	\$1,140.89	025	4	7	\$1,661.96	025	5	8	\$1,065.95	025	6	9
Sharp Performance Plus and Direct Advantage HMO with Dental ⁶	\$1,140.89	027	4	7	\$1,661.96	027	5	8	\$1,065.95	027	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,332.91	583	4	7	\$1,867.31	583	5	8	\$1,418.90	583	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision ⁷	\$1,332.91	589	4	7	\$1,867.31	589	5	8	\$1,418.90	589	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,261.89	773	4	7	\$1,753.67	773	5	8	\$1,376.28	773	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision ⁷	\$1,261.89	775	4	7	\$1,753.67	775	5	8	\$1,376.28	775	6	9

CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

Region 2*

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

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	\$1,406.56	040	7	10	\$1,894.12	040	8	11	\$1,957.96	040	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision ¹	\$1,406.56	076	7	10	\$1,894.12	076	8	11	\$1,957.96	076	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,598.53	519	7	10	\$2,086.09	519	8	11	\$2,265.11	519	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision ¹	\$1,598.53	522	7	10	\$2,086.09	522	8	11	\$2,265.11	522	9	12
Blue Shield Access+ HMO and Medicare	\$1,396.81	050	7	10	\$1,845.09	050	8	11	\$1,965.93	050	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision ²	\$1,396.81	090	7	10	\$1,845.09	090	8	11	\$1,965.93	090	9	12
Blue Shield Access+ EPO and Medicare	\$1,396.81	031	7	10	\$1,845.09	031	8	11	\$1,965.93	031	9	12
Blue Shield Access+ EPO and Medicare with Dental/Vision ³	\$1,396.81	032	7	10	\$1,845.09	032	8	11	\$1,965.93	032	9	12
Blue Shield Trio HMO and Medicare	\$1,357.38	095	7	10	\$1,805.66	095	8	11	\$1,902.84	095	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision ⁴	\$1,357.38	098	7	10	\$1,805.66	098	8	11	\$1,902.84	098	9	12
Kaiser Permanente and Senior Advantage	\$1,287.42	540	7	10	\$1,630.50	540	8	11	\$1,854.02	540	9	12
Kaiser Permanente and Senior Advantage with Dental ⁵	\$1,287.42	546	7	10	\$1,630.50	546	8	11	\$1,854.02	546	9	12
Kaiser Permanente and Senior Advantage Summit	\$1,352.65	634	7	10	\$1,760.96	634	8	11	\$1,919.25	634	9	12
Kaiser Permanente and Senior Advantage Summit with Dental ⁵	\$1,352.65	640	7	10	\$1,760.96	640	8	11	\$1,919.25	640	9	12
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,477.00	599	7	10	\$2,093.00	599	8	11	\$2,021.00	599	9	12
PERS Gold and Medicare Supplement	\$1,410.88	655	7	10	\$1,957.01	655	8	11	\$1,929.73	655	9	12
PERS Platinum and Medicare Supplement	\$1,843.46	666	7	10	\$2,428.16	666	8	11	\$2,598.72	666	9	12
Sharp Performance Plus and Direct Advantage HMO	\$1,140.89	025	7	10	\$1,413.33	025	8	11	\$1,661.96	025	9	12
Sharp Performance Plus and Direct Advantage HMO with Dental ⁶	\$1,140.89	027	7	10	\$1,413.33	027	8	11	\$1,661.96	027	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,332.91	583	7	10	\$1,775.16	583	8	11	\$1,867.31	583	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision ⁷	\$1,332.91	589	7	10	\$1,775.16	589	8	11	\$1,867.31	589	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,261.89	773	7	10	\$1,704.14	773	8	11	\$1,753.67	773	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision ⁷	\$1,261.89	775	7	10	\$1,704.14	775	8	11	\$1,753.67	775	9	12

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

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

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

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

⁵Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

⁶Dental benefit is an additional \$12.49 per member per month premium. You will be billed directly for this amount.

⁷Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.