

CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

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 Select HMO	\$1,256.65	506	1	1	\$2,513.30	506	2	2	\$3,267.29	506	3	3
Anthem Blue Cross Traditional HMO	\$1,500.40	509	1	1	\$3,000.80	509	2	2	\$3,901.04	509	3	3
Blue Shield Access+ HMO	\$1,170.17	525	1	1	\$2,340.34	525	2	2	\$3,042.44	525	3	3
Blue Shield Access+ EPO	\$1,170.17	524	1	1	\$2,340.34	524	2	2	\$3,042.44	524	3	3
Blue Shield Trio HMO	\$1,134.79	451	1	1	\$2,269.58	451	2	2	\$2,950.45	451	3	3
Kaiser Permanente	\$1,112.90	533	1	1	\$2,225.80	533	2	2	\$2,893.54	533	3	3
Peace Officers Research Assoc of CA	\$975.00	592	1	1	\$2,218.00	592	2	2	\$2,777.00	592	3	3
PERS Gold	\$1,013.70	648	1	1	\$2,027.40	648	2	2	\$2,635.62	648	3	3
PERS Platinum	\$1,476.10	657	1	1	\$2,952.20	657	2	2	\$3,837.86	657	3	3
UnitedHealthcare SignatureValue Alliance	\$1,184.58	576	1	1	\$2,369.16	576	2	2	\$3,079.91	576	3	3
UnitedHealthcare SignatureValue Harmony	\$1,005.02	495	1	1	\$2,010.04	495	2	2	\$2,613.05	495	3	3
Western Health Advantage HMO	\$914.27	591	1	1	\$1,828.54	591	2	2	\$2,377.10	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 Medicare Preferred PPO	\$487.56	515	1	4	\$975.12	515	2	5	\$1,462.68	515	3	6
Anthem Medicare Preferred PPO with Dental/Vision ¹	\$487.56	512	1	4	\$975.12	512	2	5	\$1,462.68	512	3	6
Anthem Medicare Preferred PPO	\$487.56	455	1	4	\$975.12	455	2	5	\$1,462.68	455	3	6
Anthem Medicare Preferred PPO with Dental/Vision ¹	\$487.56	459	1	4	\$975.12	459	2	5	\$1,462.68	459	3	6
Blue Shield Medicare PPO	\$448.28	011	1	4	\$896.56	011	2	5	\$1,344.84	011	3	6
Blue Shield Medicare PPO with Dental/Vision ²	\$448.28	016	1	4	\$896.56	016	2	5	\$1,344.84	016	3	6
Kaiser Permanente Senior Advantage	\$343.08	536	1	4	\$686.16	536	2	5	\$1,029.24	536	3	6
Kaiser Permanente Senior Advantage with Dental ³	\$343.08	542	1	4	\$686.16	542	2	5	\$1,029.24	542	3	6
Kaiser Permanente Senior Advantage Summit	\$408.31	630	1	4	\$816.62	630	2	5	\$1,224.93	630	3	6
Kaiser Permanente Senior Advantage Summit with Dental ³	\$408.31	636	1	4	\$816.62	636	2	5	\$1,224.93	636	3	6
Peace Officers Research Assoc of CA Medicare Supplement	\$507.00	595	1	4	\$1,123.00	595	2	5	\$1,521.00	595	3	6
PERS Gold Medicare Supplement	\$546.13	651	1	4	\$1,092.26	651	2	5	\$1,638.39	651	3	6
PERS Platinum Medicare Supplement	\$584.70	661	1	4	\$1,169.40	661	2	5	\$1,754.10	661	3	6
UnitedHealthcare Group Medicare Advantage PPO	\$442.25	579	1	4	\$884.50	579	2	5	\$1,326.75	579	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision ⁴	\$442.25	585	1	4	\$884.50	585	2	5	\$1,326.75	585	3	6

*For health plan availability by county, please refer to the 2025 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 and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.