

# 2024 CalPERS Health Premiums

## For Public Agency and School Members

### Public agency and school health regions by county

#### Region 1

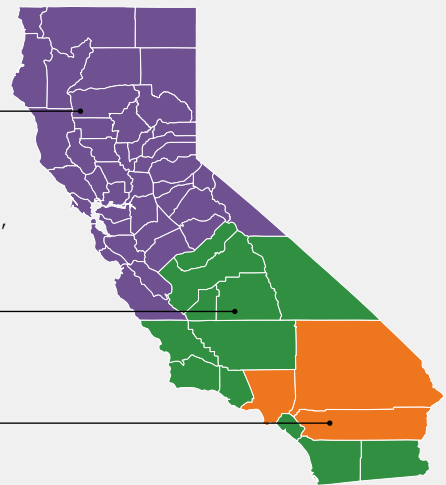
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, 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

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.

#### PPO Plan

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.

#### EPO Plan

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.

For more information visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact us at 888 CalPERS (or 888-225-7377).



# 2024 Basic and Medicare Plan Premiums

BASIC HMO PLANS	Region 1		
	Single	2-Party	Family
Anthem Blue Cross Del Norte County EPO	\$1,314.27	\$2,628.54	\$3,417.10
Anthem Blue Cross Select	1,138.86	2,277.72	2,961.04
Anthem Blue Cross Traditional	1,339.70	2,679.40	3,483.22
Blue Shield Access+	1,076.84	2,153.68	2,799.78
Blue Shield Access+ EPO	1,076.84	2,153.68	2,799.78
Blue Shield Trio	946.84	1,893.68	2,461.78
Kaiser Permanente	1,021.41	2,042.82	2,655.67
UnitedHealthcare SignatureValue Alliance	1,091.13	2,182.26	2,836.94
UnitedHealthcare SignatureValue Harmony	937.39	1,874.78	2,437.21
Western Health Advantage	807.23	1,614.46	2,098.80
BASIC PPO PLANS	Single	2-Party	Family
PERS Gold	914.82	1,829.64	2,378.53
PERS Platinum	1,314.27	2,628.54	3,417.10
PORAC	931.00	2,117.00	2,651.00

BASIC HMO PLANS	Region 2		
	Single	2-Party	Family
Anthem Blue Cross Select	\$807.71	\$1,615.42	\$2,100.05
Anthem Blue Cross Traditional	1,034.38	2,068.76	2,689.39
Blue Shield Access+	869.14	1,738.28	2,259.76
Blue Shield Access+ EPO	869.14	1,738.28	2,259.76
Blue Shield Trio	810.24	1,620.48	2,106.62
Health Net Salud y Más	684.77	1,369.54	1,780.40
Kaiser Permanente	904.95	1,809.90	2,352.87
Sharp Performance Plus ( <i>San Diego County only</i> )	833.24	1,666.48	2,166.42
UnitedHealthcare SignatureValue Alliance	837.88	1,675.76	2,178.49
UnitedHealthcare SignatureValue Harmony	792.65	1,585.30	2,060.89
BASIC PPO PLANS	Single	2-Party	Family
PERS Gold	799.44	1,598.88	2,078.54
PERS Platinum	1,151.50	2,303.00	2,993.90
PORAC	926.00	1,863.00	2,371.00

BASIC HMO PLANS	Region 3		
	Single	2-Party	Family
Anthem Blue Cross Select	\$841.13	\$1,682.26	\$2,186.94
Anthem Blue Cross Traditional	1,012.67	2,025.34	2,632.94
Blue Shield Access+	756.65	1,513.30	1,967.29
Blue Shield Trio	704.69	1,409.38	1,832.19
Health Net Salud y Más	630.13	1,260.26	1,638.34
Kaiser Permanente	865.41	1,730.82	2,250.07
UnitedHealthcare SignatureValue Alliance	826.44	1,652.88	2,148.74
UnitedHealthcare SignatureValue Harmony	734.76	1,469.52	1,910.38
BASIC PPO PLANS	Single	2-Party	Family
PERS Gold	785.28	1,570.56	2,041.73
PERS Platinum	1,131.47	2,262.94	2,941.82
PORAC	926.00	1,863.00	2,371.00

BASIC HMO PLANS	Out of State		
	Single	2-Party	Family
Kaiser Permanente ( <i>in select areas only</i> )	\$1,312.45	\$2,624.90	\$3,412.37
BASIC PPO PLANS	Single	2-Party	Family
PERS Platinum	1,146.86	2,293.72	2,981.84
PORAC	1,056.00	2,144.00	2,540.00

MEDICARE PLANS	All Regions		
	Single	2-Party	Family
Anthem Blue Cross Medicare Preferred PPO <sup>1</sup> (not available Out of State)	\$405.83	\$811.66	\$1,217.49
Anthem Blue Cross Select Medicare Preferred PPO <sup>1</sup> (not available Out of State)	405.83	811.66	1,217.49
Blue Shield Medicare PPO <sup>2</sup>	392.68	785.36	1,178.04
Kaiser Permanente Senior Advantage <sup>3</sup>	324.79	649.58	974.37
Kaiser Permanente Senior Advantage — Out of State (in select areas only)	318.43	636.86	955.29
Kaiser Permanente Senior Advantage Summit <sup>3</sup>	386.55	773.10	1,159.65
Kaiser Permanente Senior Advantage Summit — Out of State (in select areas only)	380.21	760.42	1,140.63
PERS Gold Medicare Supplement PPO (not available Out of State)	406.60	813.20	1,219.80
PERS Platinum Medicare Supplement PPO	448.15	896.30	1,344.45
PORAC PPO	465.00	1,030.00	1,395.00
Sharp Direct Advantage HMO <sup>4</sup> (San Diego County only)	256.53	513.06	769.59
UnitedHealthcare Group Medicare Advantage PPO <sup>5</sup>	341.72	683.44	1,025.16
UnitedHealthcare Group Medicare Advantage Edge PPO	366.01	732.02	1,098.03
Western Health Advantage MyCare Select HMO (Region 1 only)	268.62	537.24	805.86

<sup>1</sup> Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.

<sup>2</sup> Dental and Vision coverage is an additional \$39.14 per member per month. The plan will bill you directly for this amount.

<sup>3</sup> Dental benefit is an additional \$15.66 per member per month. The plan will bill you directly for this amount.

<sup>4</sup> Dental benefit is an additional \$12.49 per member per month. The plan will bill you directly for this amount.

<sup>5</sup> Dental and Vision coverage is an additional \$27.04 per member per month. The plan will bill you directly for this amount.

## 2024 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
<b>BASIC HMO + MEDICARE PLANS</b>	<b>Region 1</b>					
Anthem Blue Cross Del Norte EPO and Medicare Preferred	\$1,762.42	\$2,550.98	\$1,684.86	\$1,762.42	\$2,210.57	\$2,550.98
Anthem Blue Cross Select and Medicare Preferred <sup>1</sup>	1,544.69	2,228.01	1,494.98	1,544.69	1,950.52	2,228.01
Anthem Blue Cross Traditional and Medicare Preferred <sup>1</sup>	1,745.53	2,549.35	1,615.48	1,745.53	2,151.36	2,549.35
Blue Shield Access+ HMO and Medicare PPO <sup>2</sup>	1,469.52	2,115.62	1,431.46	1,469.52	1,862.20	2,115.62
Blue Shield Access+ EPO and Medicare PPO <sup>2</sup>	1,469.52	2,115.62	1,431.46	1,469.52	1,862.20	2,115.62
Blue Shield Trio and Medicare PPO <sup>2</sup>	1,339.52	1,907.62	1,353.46	1,339.52	1,732.20	1,907.62
Kaiser Permanente and Senior Advantage <sup>3</sup>	1,346.20	1,959.05	1,262.43	1,346.20	1,670.99	1,959.05
Kaiser Permanente and Senior Advantage Summit <sup>3</sup>	1,407.96	2,020.81	1,385.95	1,407.96	1,794.51	2,020.81
UnitedHealthcare SignatureValue Alliance and Medicare Advantage <sup>5</sup>	1,432.85	2,087.53	1,338.12	1,432.85	1,774.57	2,087.53
UnitedHealthcare SignatureValue Alliance and Medicare Advantage Edge	1,457.14	2,111.82	1,386.70	1,457.14	1,823.15	2,111.82
UnitedHealthcare SignatureValue Harmony and Medicare Advantage <sup>5</sup>	1,279.11	1,841.54	1,245.87	1,279.11	1,620.83	1,841.54
UnitedHealthcare SignatureValue Harmony and Medicare Advantage Edge	1,303.40	1,865.83	1,294.45	1,303.40	1,669.41	1,865.83
Western Health Advantage and MyCare Select HMO	1,075.85	1,560.19	1,021.58	1,075.85	1,344.47	1,560.19
<b>BASIC PPO + MEDICARE PLANS</b>						
PERS Gold and Medicare Supplement	1,321.42	1,870.31	1,362.09	1,321.42	1,728.02	1,870.31
PERS Platinum and Medicare Supplement	1,762.42	2,550.98	1,684.86	1,762.42	2,210.57	2,550.98
PORAC and Medicare Supplement	1,651.00	2,185.00	1,564.00	1,396.00	1,961.00	2,185.00

	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
<b>BASIC HMO + MEDICARE PLANS</b>	<b>Region 2</b>					
Anthem Blue Cross Select and Medicare Preferred <sup>1</sup>	\$1,213.54	\$1,698.17	\$1,296.29	\$1,213.54	\$1,619.37	\$1,698.17
Anthem Blue Cross Traditional and Medicare Preferred <sup>1</sup>	1,440.21	2,060.84	1,432.29	1,440.21	1,846.04	2,060.84
Blue Shield Access+ and Medicare <sup>2</sup>	1,261.82	1,783.30	1,306.84	1,261.82	1,654.50	1,783.30
Blue Shield Access+ EPO and Medicare <sup>2</sup>	1,261.82	1,783.30	1,306.84	1,261.82	1,654.50	1,783.30
Blue Shield Trio and Medicare <sup>2</sup>	1,202.92	1,689.06	1,271.50	1,202.92	1,595.60	1,689.06
Kaiser Permanente and Senior Advantage <sup>3</sup>	1,229.74	1,772.71	1,192.55	1,229.74	1,554.53	1,772.71
Kaiser Permanente and Senior Advantage Summit <sup>3</sup>	1,291.50	1,834.47	1,316.07	1,291.50	1,678.05	1,834.47
Sharp Performance Plus and Direct Advantage Medicare <sup>4</sup>	1,089.77	1,589.71	1,013.00	1,089.77	1,346.30	1,589.71
UnitedHealthcare SignatureValue Alliance and Medicare Advantage <sup>5</sup>	1,179.60	1,682.33	1,186.17	1,179.60	1,521.32	1,682.33
UnitedHealthcare SignatureValue Alliance and Medicare Advantage Edge	1,203.89	1,706.62	1,234.75	1,203.89	1,569.90	1,706.62
UnitedHealthcare SignatureValue Harmony and Medicare Advantage <sup>5</sup>	1,134.37	1,609.96	1,159.03	1,134.37	1,476.09	1,609.96
UnitedHealthcare SignatureValue Harmony and Medicare Advantage Edge	1,158.66	1,634.25	1,207.61	1,158.66	1,524.67	1,634.25

### BASIC PPO + MEDICARE PLANS

PERS Gold and Medicare Supplement	1,206.04	1,685.70	1,292.86	1,206.04	1,612.64	1,685.70
PERS Platinum and Medicare Supplement	1,599.65	2,290.55	1,587.20	1,599.65	2,047.80	2,290.55
PORAC and Medicare Supplement	1,402.00	1,910.00	1,538.00	1,391.00	1,956.00	1,910.00

### BASIC HMO + MEDICARE PLANS

	<b>Region 3</b>					
Anthem Blue Cross Select and Medicare Preferred <sup>1</sup>	\$1,246.96	\$1,751.64	\$1,316.34	\$1,246.96	\$1,652.79	\$1,751.64
Anthem Blue Cross Traditional and Medicare Preferred <sup>1</sup>	1,418.50	2,026.10	1,419.26	1,418.50	1,824.33	2,026.10
Blue Shield Access+ and Medicare <sup>2</sup>	1,149.33	1,603.32	1,239.35	1,149.33	1,542.01	1,603.32
Blue Shield Trio and Medicare <sup>2</sup>	1,097.37	1,520.18	1,208.17	1,097.37	1,490.05	1,520.18
Kaiser Permanente and Senior Advantage <sup>3</sup>	1,190.20	1,709.45	1,168.83	1,190.20	1,514.99	1,709.45
Kaiser Permanente and Senior Advantage Summit <sup>3</sup>	1,251.96	1,771.21	1,292.35	1,251.96	1,638.51	1,771.21
UnitedHealthcare SignatureValue Alliance and Medicare Advantage <sup>5</sup>	1,168.16	1,664.02	1,179.30	1,168.16	1,509.88	1,664.02
UnitedHealthcare SignatureValue Alliance and Medicare Advantage Edge	1,192.45	1,688.31	1,227.88	1,192.45	1,558.46	1,688.31
UnitedHealthcare SignatureValue Harmony and Medicare Advantage <sup>5</sup>	1,076.48	1,517.34	1,124.30	1,076.48	1,418.20	1,517.34
UnitedHealthcare SignatureValue Harmony and Medicare Advantage Edge	1,100.77	1,541.63	1,172.88	1,100.77	1,466.78	1,541.63

### BASIC PPO + MEDICARE PLANS

PERS Gold and Medicare Supplement	1,191.88	1,663.05	1,284.37	1,191.88	1,598.48	1,663.05
PERS Platinum and Medicare Supplement	1,579.62	2,258.50	1,575.18	1,579.62	2,027.77	2,258.50
PORAC and Medicare Supplement	1,402.00	1,910.00	1,538.00	1,391.00	1,956.00	1,910.00

### BASIC HMO + MEDICARE PLANS

	<b>Out of State</b>					
Kaiser Permanente and Senior Advantage	\$1,630.88	\$2,418.35	\$1,424.33	\$1,630.88	\$1,949.31	\$2,418.35
Kaiser Permanente and Senior Advantage Summit	1,692.66	2,480.13	1,547.89	1,692.66	2,072.87	2,480.13

### BASIC PPO + MEDICARE PLANS

PERS Platinum and Medicare Supplement	1,595.01	2,283.13	1,584.42	1,595.01	2,043.16	2,283.13
PORAC and Medicare Supplement	1,553.00	1,949.00	1,426.00	1,521.00	2,086.00	1,949.00

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