

BRIDGE-TO-MEDICARE PLAN	POST '97 RETIREES - SUBSIDY	
2024 SUBSIDY RATES	MEMBER ONLY	MEMBER + SP/DP
ACE	\$500.00	\$1000.00
AMA	\$500.00	\$1000.00
CONFIDENTIALS	\$500.00	\$1000.00
CSEA	\$500.00	\$1000.00
FA (FACULTY)	\$500.00	\$1000.00
FA (CHILD DEVELOPMENT)	\$500.00	\$1000.00
FHDA-POA	\$500.00	\$1000.00
TEAMSTERS	\$500.00	\$1000.00
IMPORTANT: COVERAGE ENDS AS RETIREE REACHES AGE 65		

BRIDGE TO MEDICARE PLAN						ACE/AMA/CONFIDENTIALS/CSEA/FA/FA-Child Dvelopment/POA/Teamsters	
CalPERS BASIC MONTHLY RATE	PARTY CODE	PLAN CODE	*Monthly MEDICAL Premium	**Monthly DENTAL & VISION Premium	COMBINED MEDICAL & DENTAL/VISION COST	LESS: Subsidy Amt	Net Cost to Retiree Medical/Dental/Vision
PERS Platinum							
Member Only	1	601	\$1,314.27	\$74.46	\$1,388.73	(500.00)	888.73
Member + SP/DP	2	601	\$2,628.54	\$148.93	\$2,777.47	(1,000.00)	1,777.47
PERS Gold							
Member Only	1	613	\$914.82	\$74.46	\$989.28	(500.00)	489.28
Member + SP/DP	2	613	\$1,829.64	\$148.93	\$1,978.57	(1,000.00)	978.57
Anthem Select HMO							
Member Only	1	506	\$1,138.86	\$74.46	\$1,213.32	(500.00)	713.32
Member + SP/DP	2	506	\$2,277.72	\$148.93	\$2,426.65	(1,000.00)	1,426.65
Anthem Traditional HMO							
Member Only	1	509	\$1,339.70	\$74.46	\$1,414.16	(500.00)	914.16
Member + SP/DP	2	509	\$2,679.40	\$148.93	\$2,828.33	(1,000.00)	1,828.33
Blue Shield Access+							
Member Only	1	525	\$1,076.84	\$74.46	\$1,151.30	(500.00)	651.30
Member + SP/DP	2	525	\$2,153.68	\$148.93	\$2,302.61	(1,000.00)	1,302.61
Blue Shield Trio							
Member Only	1	451	\$946.84	\$74.46	\$1,021.30	(500.00)	521.30
Member + SP/DP	2	451	\$1,893.68	\$148.93	\$2,042.61	(1,000.00)	1,042.61
Kaiser							
Member Only	1	533	\$1,021.41	\$74.46	\$1,095.87	(500.00)	595.87
Member + SP/DP	2	533	\$2,042.82	\$148.93	\$2,191.75	(1,000.00)	1,191.75
PORAC							
Member Only	1	592	\$931.00	\$74.46	\$1,005.46	(500.00)	505.46
Member + SP/DP	2	592	\$2,117.00	\$148.93	\$2,265.93	(1,000.00)	1,265.93
Western Health Advantage							
Member Only	1	591	\$807.23	\$74.46	\$881.69	(500.00)	381.69
Member + SP/DP	2	591	\$1,614.46	\$148.93	\$1,763.39	(1,000.00)	763.39
UnitedHealthcare Signature Alliance							
Member Only	1	576	\$1,091.13	\$74.46	\$1,165.59	(500.00)	665.59
Member + SP/DP	2	576	\$2,182.26	\$148.93	\$2,331.19	(1,000.00)	1,331.19
UnitedHealthcare Signature Harmony							
Member Only	1	495	\$937.39	\$74.46	\$1,011.85	(500.00)	511.85
Member + SP/DP	2	495	\$1,874.78	\$148.93	\$2,023.71	(1,000.00)	1,023.71

*Medical premium is collected by CalPERS.

**Dental and Vision premium is collected by FHDA

***Please note that all health plans are based on Region 1 rate unless otherwise specified.