

CalPERS 2021 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2021

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 Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Del Norte	\$935.84	504	1	\$1,871.68	504	2	\$2,433.18	504	3
Anthem Blue Cross Select	925.60	506	1	1,851.20	506	2	2,406.56	506	3
Anthem Blue Cross Traditional	1,307.86	509	1	2,615.72	509	2	3,400.44	509	3
Blue Shield Access+	1,170.08	525	1	2,340.16	525	2	3,042.21	525	3
Blue Shield Access+ EPO	1,170.08	524	1	2,340.16	524	2	3,042.21	524	3
Blue Shield Trio*	880.50	451	1	1,761.00	451	2	2,289.30	451	3
Health Net SmartCare	1,120.21	528	1	2,240.42	528	2	2,912.55	528	3
Kaiser Permanente	813.64	533	1	1,627.28	533	2	2,115.46	533	3
PERS Choice	935.84	548	1	1,871.68	548	2	2,433.18	548	3
PERS Select	566.67	557	1	1,133.34	557	2	1,473.34	557	3
PERSCare	1,294.69	566	1	2,589.38	566	2	3,366.19	566	3
Peace Officers Research Assoc of CA	799.00	592	1	1,725.00	592	2	2,199.00	592	3
UnitedHealthcare SignatureValue Alliance	941.17	576	1	1,882.34	576	2	2,447.04	576	3
Western Health Advantage	757.02	591	1	1,514.04	591	2	1,968.25	591	3
Supplement/Managed Medicare Monthly Premiums (M)									
Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$383.37	455	4	\$766.74	455	5	\$1,150.11	455	6
Anthem Blue Cross Select and Medicare Preferred PPO Dental/Vision ¹	383.37	459	4	766.74	459	5	1,150.11	459	6
Anthem Blue Cross Medicare Preferred	383.37	515	4	766.74	515	5	1,150.11	515	6
Anthem Blue Cross Medicare Preferred Dental/Vision ¹	383.37	512	4	766.74	512	5	1,150.11	512	6
Kaiser Permanente Senior Advantage	324.48	536	4	648.96	536	5	973.44	536	6
Kaiser Permanente Senior Advantage plus Dental ²	324.48	542	4	648.96	542	5	973.44	542	6
PERS Choice Medicare Supplement	349.97	551	4	699.94	551	5	1,049.91	551	6
PERS Select Medicare Supplement	349.97	560	4	699.94	560	5	1,049.91	560	6
PERSCare Medicare Supplement	381.25	569	4	762.50	569	5	1,143.75	569	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	595	4	1,022.00	595	5	1,635.00	595	6
UnitedHealthcare Group Medicare Advantage	311.56	579	4	623.12	579	5	934.68	579	6
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	311.56	585	4	623.12	585	5	934.68	585	6

*Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento, and Yolo.

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.³Dental and Vision coverage is an additional \$25.55 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 Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,285.81	505	7	\$1,847.31	505	8	\$1,261.44	505	9
Anthem Blue Cross Select and Medicare Preferred	1,308.97	457	7	1,864.33	457	8	1,322.10	457	9
Anthem Blue Cross Select and Medicare Preferred PPO Dental/Vision ¹	1,308.97	460	7	1,864.33	460	8	1,322.10	460	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,691.23	518	7	2,475.95	518	8	1,551.46	518	9
Anthem Blue Cross Medicare Preferred Dental/Vision ¹	1,691.23	521	7	2,475.95	521	8	1,551.46	521	9
Kaiser Permanente and Senior Advantage	1,138.12	539	7	1,626.30	539	8	1,137.14	539	9
Kaiser Permanente Senior Advantage plus Dental ²	1,138.12	545	7	1,626.30	545	8	1,137.14	545	9
PERS Choice and Medicare Supplement	1,285.81	554	7	1,847.31	554	8	1,261.44	554	9
PERS Select and Medicare Supplement	916.64	563	7	1,256.64	563	8	1,039.94	563	9
PERSCare and Medicare Supplement	1,675.94	572	7	2,452.75	572	8	1,539.31	572	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,439.00	598	7	1,913.00	598	8	1,496.00	598	9
UnitedHealthcare Group Medicare Advantage	1,252.73	582	7	1,817.43	582	8	1,187.82	582	9
UnitedHealthcare Group Medicare Advantage with Dental/Vision ³	1,252.73	588	7	1,817.43	588	8	1,187.82	588	9

Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,285.81	505	10	\$1,635.78	505	11	\$1,847.31	505	12
Anthem Blue Cross Select and Medicare Preferred	1,308.97	457	10	1,692.34	457	11	1,864.33	457	12
Anthem Blue Cross Select and Medicare Preferred with Dental/Vision ¹	1,308.97	460	10	1,692.34	460	11	1,864.33	460	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,691.23	518	10	2,074.60	518	11	2,475.95	518	12
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,691.23	521	10	2,074.60	521	11	2,475.95	521	12
Kaiser Permanente and Senior Advantage	1,138.12	539	10	1,462.60	539	11	1,626.30	539	12
Kaiser Permanente and Senior Advantage with Dental ²	1,138.12	545	10	1,462.60	545	11	1,626.30	545	12
PERS Choice and Medicare Supplement	1,285.81	554	10	1,635.78	554	11	1,847.31	554	12
PERS Select and Medicare Supplement	916.64	563	10	1,266.61	563	11	1,256.64	563	12
PERSCare and Medicare Supplement	1,675.94	572	10	2,057.19	572	11	2,452.75	572	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,308.00	598	10	1,825.00	598	11	1,782.00	598	12
UnitedHealthcare Group Medicare Advantage	1,252.73	582	10	1,564.29	582	11	1,817.43	582	12
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,252.73	588	10	1,564.29	588	11	1,817.43	588	12

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