

**CalPERS 2021 Regional Health Premiums (Actives and Annuitants)****Effective Date: January 1, 2021****Region 3**

Los Angeles, Riverside, San Bernardino

**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 Select	\$639.10	508	1	\$1,278.20	508	2	\$1,661.66	508	3
Anthem Blue Cross Traditional	984.21	511	1	1,968.42	511	2	2,558.95	511	3
Blue Shield Access+	834.88	527	1	1,669.76	527	2	2,170.69	527	3
Blue Shield Trio*	660.49	452	1	1,320.98	452	2	1,717.27	452	3
Health Net Salud y Más	412.88	532	1	825.76	532	2	1,073.49	532	3
Health Net SmartCare	691.48	530	1	1,382.96	530	2	1,797.85	530	3
Kaiser Permanente	669.84	535	1	1,339.68	535	2	1,741.58	535	3
PERS Choice	761.23	550	1	1,522.46	550	2	1,979.20	550	3
PERS Select	459.94	559	1	919.88	559	2	1,195.84	559	3
PERSCare	1,036.07	568	1	2,072.14	568	2	2,693.78	568	3
Peace Officers Research Assoc of CA	725.00	594	1	1,450.00	594	2	1,894.00	594	3
UnitedHealthcare SignatureValue Alliance	720.89	578	1	1,441.78	578	2	1,874.31	578	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	039	4	\$766.74	039	5	\$1,150.11	039	6
Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup>	383.37	075	4	766.74	075	5	1,150.11	075	6
Anthem Blue Cross Medicare Preferred	383.37	517	4	766.74	517	5	1,150.11	517	6
Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup>	383.37	514	4	766.74	514	5	1,150.11	514	6
Kaiser Permanente Senior Advantage	324.48	538	4	648.96	538	5	973.44	538	6
Kaiser Permanente Senior Advantage plus Dental <sup>2</sup>	324.48	544	4	648.96	544	5	973.44	544	6
PERS Choice Medicare Supplement	349.97	553	4	699.94	553	5	1,049.91	553	6
PERS Select Medicare Supplement	349.97	562	4	699.94	562	5	1,049.91	562	6
PERSCare Medicare Supplement	381.25	571	4	762.50	571	5	1,143.75	571	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	597	4	1,022.00	597	5	1,635.00	597	6
UnitedHealthcare Group Medicare Advantage	311.56	581	4	623.12	581	5	934.68	581	6
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision <sup>3</sup>	311.56	587	4	623.12	587	5	934.68	587	6

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

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.<sup>2</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.<sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

**CalPERS 2021 Regional Health Premiums (Actives and Annuitants)****Effective Date: January 1, 2021****Region 3**

Los Angeles, Riverside, San Bernardino

**Combination Monthly Premiums**

<b>Plan</b>	<b>Subscriber in M, &amp; 1 Dependent in B</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Subscriber in M, &amp; 2+ Dependents in B</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Subscriber in M, &amp; 1 Dependent in M, &amp; 1+ Dependent in B</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem Blue Cross Select and Medicare Preferred	\$1,022.47	041	7	\$1,405.93	041	8	\$1,150.20	041	9
Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup>	1,022.47	077	7	1,405.93	077	8	1,150.20	077	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.58	520	7	1,958.11	520	8	1,357.27	520	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup>	1,367.58	523	7	1,958.11	523	8	1,357.27	523	9
Kaiser Permanente and Senior Advantage	994.32	541	7	1,396.22	541	8	1,050.86	541	9
Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup>	994.32	547	7	1,396.22	547	8	1,050.86	547	9
PERS Choice and Medicare Supplement	1,111.20	556	7	1,567.94	556	8	1,156.68	556	9
PERS Select and Medicare Supplement	809.91	565	7	1,085.87	565	8	975.90	565	9
PERSCare and Medicare Supplement	1,417.32	574	7	2,038.96	574	8	1,384.14	574	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,274.00	600	7	1,793.00	600	8	1,593.00	600	9
UnitedHealthcare Group Medicare Advantage	1,032.45	584	7	1,464.98	584	8	1,055.65	584	9
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision <sup>3</sup>	1,032.45	590	7	1,464.98	590	8	1,055.65	590	9

**Combination Monthly Premiums (Continued)**

<b>Plan</b>	<b>Subscriber in B, &amp; 1 Dependent in M</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Subscriber in B, &amp; 2+ Dependents in M</b>	<b>Plan Code</b>	<b>Party Rate</b>	<b>Subscriber in B, &amp; 1 Dependent in M, &amp; 1+ Dependent in B</b>	<b>Plan Code</b>	<b>Party Rate</b>
Anthem Blue Cross Select and Medicare Preferred	\$1,022.47	041	10	\$1,405.84	041	11	\$1,405.93	041	12
Anthem Blue Cross Select and Medicare Preferred Dental/Vision <sup>1</sup>	1,022.47	077	10	1,405.84	077	11	1,405.93	077	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.58	520	10	1,750.95	520	11	1,958.11	520	12
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision <sup>1</sup>	1,367.58	523	10	1,750.95	523	11	1,958.11	523	12
Kaiser Permanente and Senior Advantage	994.32	541	10	1,318.80	541	11	1,396.22	541	12
Kaiser Permanente and Senior Advantage plus Dental <sup>2</sup>	994.32	547	10	1,318.80	547	11	1,396.22	547	12
PERS Choice and Medicare Supplement	1,111.20	556	10	1,461.17	556	11	1,567.94	556	12
PERS Select and Medicare Supplement	809.91	565	10	1,159.88	565	11	1,085.87	565	12
PERSCare and Medicare Supplement	1,417.32	574	10	1,798.57	574	11	2,038.96	574	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,268.00	600	10	1,847.00	600	11	1,678.00	600	12
UnitedHealthcare Group Medicare Advantage	1,032.45	584	10	1,344.01	584	11	1,464.98	584	12
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision <sup>3</sup>	1,032.45	590	10	1,344.01	590	11	1,464.98	590	12

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.<sup>2</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.<sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.