

2024 Pre-'97 Hired Retiree Monthly Contribution Rates

CalPERS PLANS*	Per Month Contribution
PERS Platinum PPO	
Single	\$207.00
2 Party	\$404.00
Family	\$523.00
PERS Platinum Medicare Supplement	
Single	\$207.00
2 Party	\$404.00
Family	\$523.00
PERS Gold PPO	
Single	\$147.00
2 Party	\$284.00
Family	\$367.00
PERS Gold Medicare Supplement	
Single	\$147.00
2 Party	\$284.00
Family	\$367.00
Kaiser HMO	
Single	\$163.00
2 Party	\$316.00
Family	\$408.00
Kaiser Senior Advantage HMO	
Single	\$163.00
2 Party	\$316.00
Family	\$408.00
Kaiser Senior Advantage Out of State HMO	
Single	\$163.00
2 Party	\$316.00
Family	\$408.00
Kaiser Senior Advantage Summit HMO	
Single	\$173.00
2 Party	\$336.00
Family	\$498.00

*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

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CalPERS PLANS*	Per Month Contribution
Kaiser Senior Advantage Summit Out of State HMO	
Single	\$173.00
2 Party	\$336.00
Family	\$498.00
Anthem Select HMO	
Single	\$181.00
2 Party	\$352.00
Family	\$454.00
Anthem Traditional HMO	
Single	\$211.00
2 Party	\$412.00
Family	\$532.00
Anthem Medicare Preferred PPO	
Single	\$211.00
2 Party	\$412.00
Family	\$532.00
Anthem EPO Del Norte	
Single	\$207.00
2 Party	\$404.00
Family	\$523.00
Blue Shield Access+ HMO	
Single	\$172.00
2 Party	\$333.00
Family	\$430.00
Blue Shield Trio HMO	
Single	\$152.00
2 Party	\$294.00
Family	\$379.00
Blue Shield Medicare PPO	
Single	\$211.00
2 Party	\$412.00
Family	\$532.00

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CalPERS PLANS*	Per Month Contribution
UnitedHealthcare Signature Alliance HMO	
Single	\$174.00
2 Party	\$337.00
Family	\$436.00
UnitedHealthcare Harmony HMO	
Single	\$151.00
2 Party	\$291.00
Family	\$376.00
UnitedHealthcare Group Medicare Advantage Edge PPO	
Single	\$211.00
2 Party	\$412.00
Family	\$532.00
UnitedHealthcare Group Medicare Advantage PPO	
Single	\$113.00
2 Party	\$215.00
Family	\$316.00
Western Health Advantage HMO	
Single	\$131.00
2 Party	\$252.00
Family	\$325.00
Western Health Advantage MyCare Select Medicare HMO	
Single	\$131.00
2 Party	\$252.00
Family	\$325.00
PORAC PPO	
Single	\$150.00
2 Party	\$328.00
Family	\$408.00
PORAC Medicare	
Single	\$150.00
2 Party	\$328.00
Family	\$408.00

*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area