2025 Pre-'97 Hired Retiree Monthly Contribution Rates		
CalPERS PLANS*	Per Month Contribution	
PERS Platinum PPO		
Single	\$213.00	
2 Party	\$416.00	
Family	\$541.00	
PERS Platinum Medicare Supplement		
Single	\$213.00	
2 Party	\$416.00	
Family	\$541.00	
PERS Gold PPO		
Single	\$153.00	
2 Party	\$296.00	
Family	\$385.00	
PERS Gold Medicare Supplement		
Single	\$153.00	
2 Party	\$296.00	
Family	\$385.00	
Kaiser HMO		
Single	\$169.00	
2 Party	\$328.00	
Family	\$426.00	
Kaiser Out of State HMO		
Single	\$169.00	
2 Party	\$328.00	
Family	\$426.00	
Kaiser Senior Advantage HMO		
Single	\$169.00	
2 Party	\$328.00	
Family	\$426.00	
Kaiser Senior Advantage Out of State HMO		
Single	\$169.00	
2 Party	\$328.00	

\*Includes Dental and Vision
NOTE: Check Plan availability for your geographic area

Family

\$426.00

2025 Pre-'97 Hired Retiree Monthly Contribution Rates		
CalPERS PLANS* Kaiser Senior Advantage Summit HMO	Per Month Contribution	
Single	\$179.00	
2 Party	\$348.00	
Family	\$516.00	
Kaiser Senior Advantage Summit Out of State HMO		
Single	\$179.00	
2 Party	\$348.00	
Family	\$516.00	
Anthem Select HMO		
Single	\$187.00	
2 Party	\$364.00	
Family	\$472.00	
Anthem Traditional HMO		
Single	\$217.00	
2 Party	\$424.00	
Family	\$550.00	
Anthem Medicare Preferred PPO		
Single	\$217.00	
2 Party	\$424.00	
Family	\$550.00	
Blue Shield Access+ HMO		
Single	\$178.00	
2 Party	\$345.00	
Family	\$448.00	
Blue Shield Trio HMO		
Single	\$158.00	
2 Party	\$306.00	
Family	\$397.00	
Blue Shield Medicare PPO		
Single	\$217.00	
2 Party	\$424.00	
	1	

\*Includes Dental and Vision
NOTE: Check Plan availability for your geographic area

Family

\$550.00

2025 Pre-'97 Hired Retiree Monthly Contribution Rates		
CalPERS PLANS*	Per Month Contribution	
UnitedHealthcare Signature Alliance HMO		
Single	\$180.00	
2 Party	\$349.00	
Family	\$454.00	
UnitedHealthcare Harmony HMO		
Single	\$157.00	
2 Party	\$303.00	
Family	\$394.00	
UnitedHealthcare Group Medicare Advantage PPO		
Single	\$119.00	
2 Party	\$227.00	
Family	\$334.00	
Western Health Advantage HMO		
Single	\$137.00	
2 Party	\$264.00	
Family	\$343.00	
PORAC		
Single	\$156.00	
2 Party	\$340.00	
Family	\$426.00	
PORAC Medicare		
Single	\$156.00	
2 Party	\$340.00	
Family	\$426.00	

\*Includes Dental and Vision
NOTE: Check Plan availability for your geographic area