

BRIDGE-TO-MEDICARE PLAN		POST '97 RETIREES - SUBSIDY	
2026 SUBSIDY RATES	MEMBER ONLY	MEMBER + SP/DP	
ACE	\$500.00	\$1,000.00	
AMA	\$500.00	\$1,000.00	
CONFIDENTIALS	\$500.00	\$1,000.00	
CSEA	\$500.00	\$1,000.00	
FA (FACULTY)	\$500.00	\$1,000.00	
FA (CHILD DEVELOPMENT)	\$500.00	\$1,000.00	
FHDA-POA	\$500.00	\$1,000.00	
TEAMSTERS	\$500.00	\$1,000.00	
IMPORTANT: COVERAGE ENDS AS RETIREE REACHES AGE 65			

BRIDGE TO MEDICARE PLAN						ACE/AMA/CONFIDENTIALS/CSEA/FA/FA-Child Development/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	657	\$1,670.14	\$74.94	\$1,745.08	(\$500.00)	\$1,245.08
Member + SP/DP	2	657	\$3,340.28	\$149.87	\$3,490.15	(\$1,000.00)	\$2,490.15
PERS Gold							
Member Only	1	648	\$1,120.58	\$74.94	\$1,195.52	(\$500.00)	\$695.52
Member + SP/DP	2	648	\$2,241.16	\$149.87	\$2,391.03	(\$1,000.00)	\$1,391.03
Anthem Select HMO							
Member Only	1	506	\$1,336.29	\$74.94	\$1,411.23	(\$500.00)	\$911.23
Member + SP/DP	2	506	\$2,672.58	\$149.87	\$2,822.45	(\$1,000.00)	\$1,822.45
Anthem Traditional HMO							
Member Only	1	509	\$1,612.08	\$74.94	\$1,687.02	(\$500.00)	\$1,187.02
Member + SP/DP	2	509	\$3,224.16	\$149.87	\$3,374.03	(\$1,000.00)	\$2,374.03
Blue Shield Access+							
Member Only	1	525	\$1,301.95	\$74.94	\$1,376.89	(\$500.00)	\$876.89
Member + SP/DP	2	525	\$2,603.90	\$149.87	\$2,753.77	(\$1,000.00)	\$1,753.77
Blue Shield Trio							
Member Only	1	451	\$1,166.58	\$74.94	\$1,241.52	(\$500.00)	\$741.52
Member + SP/DP	2	451	\$2,333.16	\$149.87	\$2,483.03	(\$1,000.00)	\$1,483.03
Kaiser							
Member Only	1	533	\$1,168.86	\$74.94	\$1,243.80	(\$500.00)	\$743.80
Member + SP/DP	2	533	\$2,337.72	\$149.87	\$2,487.59	(\$1,000.00)	\$1,487.59
PORAC							
Member Only	1	592	\$1,063.00	\$74.94	\$1,137.94	(\$500.00)	\$637.94
Member + SP/DP	2	592	\$2,126.00	\$149.87	\$2,275.87	(\$1,000.00)	\$1,275.87
Western Health Advantage							
Member Only	1	591	\$969.58	\$74.94	\$1,044.52	(\$500.00)	\$544.52
Member + SP/DP	2	591	\$1,939.16	\$149.87	\$2,089.03	(\$1,000.00)	\$1,089.03
UnitedHealthcare Signature Alliance							
Member Only	1	576	\$1,290.06	\$74.94	\$1,365.00	(\$500.00)	\$865.00
Member + SP/DP	2	576	\$2,580.12	\$149.87	\$2,729.99	(\$1,000.00)	\$1,729.99
UnitedHealthcare Signature Harmony							
Member Only	1	495	\$1,133.09	\$74.94	\$1,208.03	(\$500.00)	\$708.03
Member + SP/DP	2	495	\$2,266.18	\$149.87	\$2,416.05	(\$1,000.00)	\$1,416.05

*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.