

BRIDGE-TO-MEDICARE PLAN		POST '97 RETIREES - SUBSIDY	
2025 SUBSIDY RATES	MEMBER ONLY	MEMBER + SP/DP	
ACE	\$500.00	\$1000.00	
AMA	\$500.00	\$1000.00	
CONFIDENTIALS	\$500.00	\$1000.00	
CSEA	\$500.00	\$1000.00	
FA (FACULTY)	\$500.00	\$1000.00	
FA (CHILD DEVELOPMENT)	\$500.00	\$1000.00	
FHDA-POA	\$500.00	\$1000.00	
TEAMSTERS	\$500.00	\$1000.00	

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	601	\$1,476.10	\$73.95	\$1,550.05	(500.00)	1,050.05
Member + SP/DP	2	601	\$2,952.20	\$147.89	\$3,100.09	(1,000.00)	2,100.09
PERS Gold							
Member Only	1	613	\$1,013.70	\$73.95	\$1,087.65	(500.00)	587.65
Member + SP/DP	2	613	\$2,027.40	\$147.89	\$2,175.29	(1,000.00)	1,175.29
Anthem Select HMO							
Member Only	1	506	\$1,256.65	\$73.95	\$1,330.60	(500.00)	830.60
Member + SP/DP	2	506	\$2,513.30	\$147.89	\$2,661.19	(1,000.00)	1,661.19
Anthem Traditional HMO							
Member Only	1	509	\$1,500.40	\$73.95	\$1,574.35	(500.00)	1,075.35
Member + SP/DP	2	509	\$3,000.80	\$147.89	\$3,148.69	(1,000.00)	2,148.69
Blue Shield Access+							
Member Only	1	525	\$1,170.17	\$73.95	\$1,244.12	(500.00)	744.12
Member + SP/DP	2	525	\$2,340.34	\$147.89	\$2,488.23	(1,000.00)	1,488.23
Blue Shield Trio							
Member Only	1	451	\$1,134.79	\$73.95	\$1,208.74	(500.00)	708.74
Member + SP/DP	2	451	\$2,269.58	\$147.89	\$2,417.47	(1,000.00)	1,417.47
Kaiser							
Member Only	1	533	\$1,112.90	\$73.95	\$1,186.85	(500.00)	686.85
Member + SP/DP	2	533	\$2,225.80	\$147.89	\$2,373.69	(1,000.00)	1,373.69
PORAC							
Member Only	1	592	\$975.00	\$73.95	\$1,048.95	(500.00)	548.95
Member + SP/DP	2	592	\$2,218.00	\$147.89	\$2,365.89	(1,000.00)	1,365.89
Western Health Advantage							
Member Only	1	591	\$914.27	\$73.95	\$988.22	(500.00)	488.22
Member + SP/DP	2	591	\$1,828.54	\$147.89	\$1,976.43	(1,000.00)	976.43
UnitedHealthcare Signature Alliance							
Member Only	1	576	\$1,184.58	\$73.95	\$1,258.53	(500.00)	758.53
Member + SP/DP	2	576	\$2,369.16	\$147.89	\$2,517.05	(1,000.00)	1,517.05
UnitedHealthcare Signature Harmony							
Member Only	1	495	\$1,005.02	\$73.95	\$1,078.97	(500.00)	578.97
Member + SP/DP	2	495	\$2,010.04	\$147.89	\$2,157.93	(1,000.00)	1,157.93

*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.