

# CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

## Region 3

Los Angeles, Riverside, San Bernardino

### Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	\$916.88	508	1	1	\$1,833.76	508	2	2	\$2,383.89	508	3	3
Anthem Blue Cross Traditional HMO	\$1,065.46	511	1	1	\$2,130.92	511	2	2	\$2,770.20	511	3	3
Blue Shield Access+ HMO	\$828.48	527	1	1	\$1,656.96	527	2	2	\$2,154.05	527	3	3
Blue Shield Trio HMO	\$738.11	452	1	1	\$1,476.22	452	2	2	\$1,919.09	452	3	3
Health Net Salud y Más	\$714.40	532	1	1	\$1,428.80	532	2	2	\$1,857.44	532	3	3
Kaiser Permanente	\$926.52	535	1	1	\$1,853.04	535	2	2	\$2,408.95	535	3	3
Peace Officers Research Assoc of CA	\$970.00	594	1	1	\$1,951.00	594	2	2	\$2,484.00	594	3	3
PERS Gold	\$868.15	650	1	1	\$1,736.30	650	2	2	\$2,257.19	650	3	3
PERS Platinum	\$1,263.73	659	1	1	\$2,527.46	659	2	2	\$3,285.70	659	3	3
UnitedHealthcare SignatureValue Alliance	\$866.40	578	1	1	\$1,732.80	578	2	2	\$2,252.64	578	3	3
UnitedHealthcare SignatureValue Harmony	\$756.28	475	1	1	\$1,512.56	475	2	2	\$1,966.33	475	3	3

### Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Medicare Preferred PPO	\$487.56	517	1	4	\$975.12	517	2	5	\$1,462.68	517	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	\$487.56	514	1	4	\$975.12	514	2	5	\$1,462.68	514	3	6
Anthem Medicare Preferred PPO	\$487.56	039	1	4	\$975.12	039	2	5	\$1,462.68	039	3	6
Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>	\$487.56	075	1	4	\$975.12	075	2	5	\$1,462.68	075	3	6
Blue Shield Medicare PPO	\$448.28	014	1	4	\$896.56	014	2	5	\$1,344.84	014	3	6
Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>	\$448.28	047	1	4	\$896.56	047	2	5	\$1,344.84	047	3	6
Kaiser Permanente Senior Advantage	\$343.08	538	1	4	\$686.16	538	2	5	\$1,029.24	538	3	6
Kaiser Permanente Senior Advantage with Dental <sup>3</sup>	\$343.08	544	1	4	\$686.16	544	2	5	\$1,029.24	544	3	6
Kaiser Permanente Senior Advantage Summit	\$408.31	632	1	4	\$816.62	632	2	5	\$1,224.93	632	3	6
Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>	\$408.31	638	1	4	\$816.62	638	2	5	\$1,224.93	638	3	6
Peace Officers Research Assoc of CA Medicare Supplement	\$507.00	597	1	4	\$1,123.00	597	2	5	\$1,521.00	597	3	6
PERS Gold Medicare Supplement	\$546.13	653	1	4	\$1,092.26	653	2	5	\$1,638.39	653	3	6
PERS Platinum Medicare Supplement	\$584.70	663	1	4	\$1,169.40	663	2	5	\$1,754.10	663	3	6
UnitedHealthcare Group Medicare Advantage PPO	\$442.25	581	1	4	\$884.50	581	2	5	\$1,326.75	581	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>4</sup>	\$442.25	587	1	4	\$884.50	587	2	5	\$1,326.75	587	3	6

\*For health plan availability by county, please refer to the 2024 Health Benefit Summary or myCalPERS.

<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 and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

# CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

## Region 3

Los Angeles, Riverside, San Bernardino

### Combination Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	\$1,404.44	041	4	7	\$1,954.57	041	5	8	\$1,525.25	041	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,404.44	077	4	7	\$1,954.57	077	5	8	\$1,525.25	077	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,553.02	520	4	7	\$2,192.30	520	5	8	\$1,614.40	520	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,553.02	523	4	7	\$2,192.30	523	5	8	\$1,614.40	523	6	9
Blue Shield Access+ HMO and Medicare	\$1,276.76	051	4	7	\$1,773.85	051	5	8	\$1,393.65	051	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	\$1,276.76	091	4	7	\$1,773.85	091	5	8	\$1,393.65	091	6	9
Blue Shield Trio HMO and Medicare	\$1,186.39	096	4	7	\$1,629.26	096	5	8	\$1,339.43	096	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>3</sup>	\$1,186.39	099	4	7	\$1,629.26	099	5	8	\$1,339.43	099	6	9
Kaiser Permanente and Senior Advantage	\$1,269.60	541	4	7	\$1,825.51	541	5	8	\$1,242.07	541	6	9
Kaiser Permanente and Senior Advantage with Dental <sup>4</sup>	\$1,269.60	547	4	7	\$1,825.51	547	5	8	\$1,242.07	547	6	9
Kaiser Permanente and Senior Advantage Summit	\$1,334.83	635	4	7	\$1,890.74	635	5	8	\$1,372.53	635	6	9
Kaiser Permanente and Senior Advantage Summit with Dental <sup>4</sup>	\$1,334.83	641	4	7	\$1,890.74	641	5	8	\$1,372.53	641	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,489.00	600	4	7	\$2,021.00	600	5	8	\$1,651.00	600	6	9
PERS Gold and Medicare Supplement	\$1,414.28	656	4	7	\$1,935.17	656	5	8	\$1,613.15	656	6	9
PERS Platinum and Medicare Supplement	\$1,848.43	667	4	7	\$2,606.67	667	5	8	\$1,927.64	667	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,308.65	584	4	7	\$1,828.49	584	5	8	\$1,404.34	584	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,308.65	590	4	7	\$1,828.49	590	5	8	\$1,404.34	590	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,198.53	774	4	7	\$1,652.30	774	5	8	\$1,338.27	774	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,198.53	776	4	7	\$1,652.30	776	5	8	\$1,338.27	776	6	9

# CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

## Region 3

Los Angeles, Riverside, San Bernardino

### Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	\$1,404.44	041	7	10	\$1,892.00	041	8	11	\$1,954.57	041	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,404.44	077	7	10	\$1,892.00	077	8	11	\$1,954.57	077	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	\$1,553.02	520	7	10	\$2,040.58	520	8	11	\$2,192.30	520	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>	\$1,553.02	523	7	10	\$2,040.58	523	8	11	\$2,192.30	523	9	12
Blue Shield Access+ HMO and Medicare	\$1,276.76	051	7	10	\$1,725.04	051	8	11	\$1,773.85	051	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>	\$1,276.76	091	7	10	\$1,725.04	091	8	11	\$1,773.85	091	9	12
Blue Shield Trio HMO and Medicare	\$1,186.39	096	7	10	\$1,634.67	096	8	11	\$1,629.26	096	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision <sup>3</sup>	\$1,186.39	099	7	10	\$1,634.67	099	8	11	\$1,629.26	099	9	12
Kaiser Permanente and Senior Advantage	\$1,269.60	541	7	10	\$1,612.68	541	8	11	\$1,825.51	541	9	12
Kaiser Permanente and Senior Advantage with Dental <sup>4</sup>	\$1,269.60	547	7	10	\$1,612.68	547	8	11	\$1,825.51	547	9	12
Kaiser Permanente and Senior Advantage Summit	\$1,334.83	635	7	10	\$1,743.14	635	8	11	\$1,890.74	635	9	12
Kaiser Permanente and Senior Advantage Summit with Dental <sup>4</sup>	\$1,334.83	641	7	10	\$1,743.14	641	8	11	\$1,890.74	641	9	12
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,477.00	600	7	10	\$2,093.00	600	8	11	\$2,021.00	600	9	12
PERS Gold and Medicare Supplement	\$1,414.28	656	7	10	\$1,960.41	656	8	11	\$1,935.17	656	9	12
PERS Platinum and Medicare Supplement	\$1,848.43	667	7	10	\$2,433.13	667	8	11	\$2,606.67	667	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	\$1,308.65	584	7	10	\$1,750.90	584	8	11	\$1,828.49	584	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,308.65	590	7	10	\$1,750.90	590	8	11	\$1,828.49	590	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	\$1,198.53	774	7	10	\$1,640.78	774	8	11	\$1,652.30	774	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	\$1,198.53	776	7	10	\$1,640.78	776	8	11	\$1,652.30	776	9	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 and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>5</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.