

## CalPERS 2021 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2021

### Region 1

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, **Sacramento**, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

### Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Del Norte	\$935.84	504	1	\$1,871.68	504	2	\$2,433.18	504	3
Anthem Blue Cross Select	925.60	506	1	1,851.20	506	2	2,406.56	506	3
Anthem Blue Cross Traditional	1,307.86	509	1	2,615.72	509	2	3,400.44	509	3
Blue Shield Access+	1,170.08	525	1	2,340.16	525	2	3,042.21	525	3
Blue Shield Access+ EPO	1,170.08	524	1	2,340.16	524	2	3,042.21	524	3
Blue Shield Trio*	880.50	451	1	1,761.00	451	2	2,289.30	451	3
Health Net SmartCare	1,120.21	528	1	2,240.42	528	2	2,912.55	528	3
Kaiser Permanente	813.64	533	1	1,627.28	533	2	2,115.46	533	3
PERS Choice	935.84	548	1	1,871.68	548	2	2,433.18	548	3
PERS Select	566.67	557	1	1,133.34	557	2	1,473.34	557	3
PERSCare	1,294.69	566	1	2,589.38	566	2	3,366.19	566	3
Peace Officers Research Assoc of CA	799.00	592	1	1,725.00	592	2	2,199.00	592	3
UnitedHealthcare SignatureValue Alliance	941.17	576	1	1,882.34	576	2	2,447.04	576	3
Western Health Advantage	757.02	591	1	1,514.04	591	2	1,968.25	591	3

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

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$383.37	455	4	\$766.74	455	5	\$1,150.11	455	6
Anthem Blue Cross Select and Medicare Preferred PPO Dental/Vision <sup>1</sup>	383.37	459	4	766.74	459	5	1,150.11	459	6
Anthem Blue Cross Medicare Preferred	383.37	515	4	766.74	515	5	1,150.11	515	6
Anthem Blue Cross Medicare Preferred Dental/Vision <sup>1</sup>	383.37	512	4	766.74	512	5	1,150.11	512	6
Kaiser Permanente Senior Advantage	324.48	536	4	648.96	536	5	973.44	536	6
Kaiser Permanente Senior Advantage plus Dental <sup>2</sup>	324.48	542	4	648.96	542	5	973.44	542	6
PERS Choice Medicare Supplement	349.97	551	4	699.94	551	5	1,049.91	551	6
PERS Select Medicare Supplement	349.97	560	4	699.94	560	5	1,049.91	560	6
PERSCare Medicare Supplement	381.25	569	4	762.50	569	5	1,143.75	569	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	595	4	1,022.00	595	5	1,635.00	595	6
UnitedHealthcare Group Medicare Advantage	311.56	579	4	623.12	579	5	934.68	579	6
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision <sup>3</sup>	311.56	585	4	623.12	585	5	934.68	585	6

\*Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento, and Yolo.

<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 benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

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### Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Del Norte	\$861.18	504	1	\$1,722.36	504	2	\$2,239.07	504	3
Anthem Blue Cross Select	868.98	506	1	1,737.96	506	2	2,259.35	506	3
Anthem Blue Cross Traditional	1,184.84	509	1	2,369.68	509	2	3,080.58	509	3
Blue Shield Access+	1,127.77	525	1	2,255.54	525	2	2,932.20	525	3
Blue Shield Access+ EPO	1,127.77	524	1	2,255.54	524	2	2,932.20	524	3
Blue Shield Trio*	833.00	451	1	1,666.00	451	2	2,165.80	451	3
Health Net SmartCare	1,000.52	528	1	2,001.04	528	2	2,601.35	528	3
<b>Kaiser Permanente</b>	768.49	533	1	1,536.98	533	2	1,998.07	533	3
PERS Choice	861.18	548	1	1,722.36	548	2	2,239.07	548	3
PERS Select	520.29	557	1	1,040.58	557	2	1,352.75	557	3
PERS Care	1,133.14	566	1	2,266.28	566	2	2,946.16	566	3
Peace Officers Research Assoc of CA	774.00	592	1	1,699.00	592	2	2,199.00	592	3
UnitedHealthcare	899.94	576	1	1,799.88	576	2	2,339.84	576	3
Western Health Advantage	731.96	591	1	1,463.92	591	2	1,903.10	591	3

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

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select Medicare Preferred	\$388.15	455	4	\$776.30	455	5	\$1,164.45	455	6
Anthem Blue Cross Select Medicare Preferred with Dental <sup>1</sup>	388.15	459	4	776.30	459	5	1,164.45	459	6
Anthem Blue Cross Medicare Preferred	388.15	515	4	776.30	515	5	1,164.45	515	6
Anthem Blue Cross Medicare Preferred with Dental/Vision <sup>1</sup>	388.15	512	4	776.30	512	5	1,164.45	512	6
Kaiser Permanente Senior Advantage	339.43	536	4	678.86	536	5	1,018.29	536	6
Kaiser Permanente Senior Advantage with Dental <sup>2</sup>	339.43	542	4	678.86	542	5	1,018.29	542	6
PERS Choice Medicare Supplement	351.39	551	4	702.78	551	5	1,054.17	551	6
PERS Select Medicare Supplement	351.39	560	4	702.78	560	5	1,054.17	560	6
PERS Care Medicare Supplement	384.78	569	4	769.56	569	5	1,154.34	569	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	595	4	1,022.00	595	5	1,635.00	595	6
UnitedHealthcare Medicare Advantage	327.03	579	4	654.06	579	5	981.09	579	6
UnitedHealthcare Medicare Advantage with Dental/Vision <sup>3</sup>	327.03	585	4	654.06	585	5	981.09	585	6

\*Blue Shield is introducing a new HMO health plan called Blue Shield Trio. This plan will be available in El Dorado, Los Angeles, Nevada, Placer, Sacramento and Yolo counties.

<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 benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$31.65 per member per month premium. You will be billed directly for this amount.