

2025 CalPERS Health Premiums

For Public Agency and School Members

Public agency and school health regions by county

Region 1

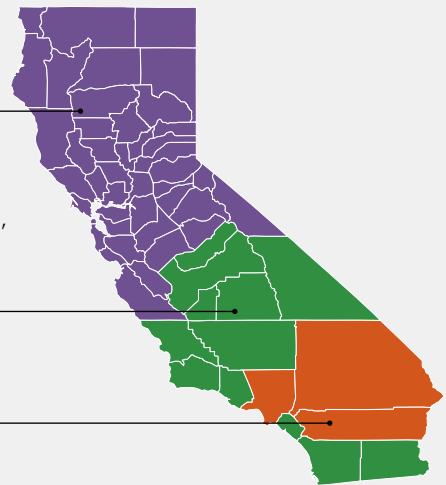
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta,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

Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Region 3

Los Angeles, Riverside, and San Bernardino



Plan type definitions

HMO Plan

A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

PPO Plan

A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher coinsurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain coinsurance amount and the plan pays the balance up to the allowable amount.

EPO Plan

The Exclusive Provider Organization (EPO) plan offers the same covered services as an HMO plan, and no deductible, but you must seek services from the plans' PPO network of preferred providers. You're not required to select a primary care physician.

For more information visit our website at www.calpers.ca.gov or contact us at 888 CalPERS (or 888-225-7377).



2025 Basic Plan Premiums

BASIC HMO PLANS	Region 1		
	Single	2-Party	Family
Anthem Blue Cross Select	\$1,256.65	\$2,513.30	\$3,267.29
Anthem Blue Cross Traditional	1,500.40	3,000.80	3,901.04
Blue Shield Access+	1,170.17	2,340.34	3,042.44
Blue Shield Access+ EPO	1,170.17	2,340.34	3,042.44
Blue Shield Trio	1,134.79	2,269.58	2,950.45
Kaiser Permanente	1,112.90	2,225.80	2,893.54
UnitedHealthcare SignatureValue Alliance	1,184.58	2,369.16	3,079.91
UnitedHealthcare SignatureValue Harmony	1,005.02	2,010.04	2,613.05
Western Health Advantage	914.27	1,828.54	2,377.10
BASIC PPO PLANS	Single	2-Party	Family
PERS Gold	1,013.70	2,027.40	2,635.62
PERS Platinum	1,476.10	2,952.20	3,837.86
PORAC	975.00	2,218.00	2,777.00

BASIC HMO PLANS	Region 2		
	Single	2-Party	Family
Anthem Blue Cross Select	\$919.00	\$1,838.00	\$2,389.40
Anthem Blue Cross Traditional	1,110.97	2,221.94	2,888.52
Blue Shield Access+	948.53	1,897.06	2,466.18
Blue Shield Access+ EPO	948.53	1,897.06	2,466.18
Blue Shield Trio	909.10	1,818.20	2,363.66
Health Net Salud y Más	823.49	1,646.98	2,141.07
Kaiser Permanente	944.34	1,888.68	2,455.28
Sharp Performance Plus (<i>San Diego County only</i>)	868.45	1,736.90	2,257.97
UnitedHealthcare SignatureValue Alliance	890.66	1,781.32	2,315.72
UnitedHealthcare SignatureValue Harmony	819.64	1,639.28	2,131.06
BASIC PPO PLANS	Single	2-Party	Family
PERS Gold	864.75	1,729.50	2,248.35
PERS Platinum	1,258.76	2,517.52	3,272.78
PORAC	970.00	1,951.00	2,484.00

BASIC HMO PLANS	Region 3		
	Single	2-Party	Family
Anthem Blue Cross Select	\$916.88	\$1,833.76	\$2,383.89
Anthem Blue Cross Traditional	1,065.46	2,130.92	2,770.20
Blue Shield Access+	828.48	1,656.96	2,154.05
Blue Shield Trio	738.11	1,476.22	1,919.09
Health Net Salud y Más	714.40	1,428.80	1,857.44
Kaiser Permanente	926.52	1,853.04	2,408.95
UnitedHealthcare SignatureValue Alliance	866.40	1,732.80	2,252.64
UnitedHealthcare SignatureValue Harmony	756.28	1,512.56	1,966.33
BASIC PPO PLANS	Single	2-Party	Family
PERS Gold	868.15	1,736.30	2,257.19
PERS Platinum	1,263.73	2,527.46	3,285.70
PORAC	970.00	1,951.00	2,484.00

BASIC HMO PLANS	Out of State		
	Single	2-Party	Family
Kaiser Permanente (<i>in select areas only</i>)	\$1,422.26	\$2,844.52	\$3,697.88
BASIC PPO PLANS	Single	2-Party	Family
PERS Platinum	1,244.55	2,489.10	3,235.83
PORAC	1,106.00	2,246.00	2,661.00

2025 Medicare Plan Premiums

MEDICARE PLANS	All Regions		
	Single	2-Party	Family
Anthem Blue Cross Medicare Preferred PPO ¹ (not available Out of State)	\$487.56	\$975.12	\$1,462.68
Anthem Blue Cross Select Medicare Preferred PPO ¹ (not available Out of State)	487.56	975.12	1,462.68
Blue Shield Medicare PPO ²	448.28	896.56	1,344.84
Kaiser Permanente Senior Advantage ³	343.08	686.16	1,029.24
Kaiser Permanente Senior Advantage — Out of State (in select areas only)	336.72	673.44	1,010.16
Kaiser Permanente Senior Advantage Summit ³	408.31	816.62	1,224.93
Kaiser Permanente Senior Advantage Summit — Out of State (in select areas only)	401.97	803.94	1,205.91
PERS Gold Medicare Supplement PPO (not available Out of State)	546.13	1,092.26	1,638.39
PERS Platinum Medicare Supplement PPO	584.70	1,169.40	1,754.10
PORAC PPO	507.00	1,123.00	1,521.00
Sharp Direct Advantage HMO ⁴ (San Diego County only)	272.44	544.88	817.32
UnitedHealthcare Group Medicare Advantage PPO ⁵	442.25	884.50	1,326.75

2025 Combination Plan Premiums

A combination plan means at least one family member is enrolled in a Basic health plan and at least one family member is enrolled in a Medicare health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

BASIC HMO + MEDICARE PLANS	Medicare Subscriber +			Basic Subscriber +		
	1 Basic Dependent	2+ Basic Dependents	1+ Basic & 1 Medicare Dependent	1 Medicare Dependent	2+ Medicare Dependents	1 Basic & 1+ Medicare Dependent
	Region 1					
Anthem Blue Cross Select and Medicare Preferred ¹	\$1,744.21	\$2,498.20	\$1,729.11	\$1,744.21	\$2,231.77	\$2,498.20
Anthem Blue Cross Traditional and Medicare Preferred ¹	1,987.96	2,888.20	1,875.36	1,987.96	2,475.52	2,888.20
Blue Shield Access+ HMO and Medicare PPO ²	1,618.45	2,320.55	1,598.66	1,618.45	2,066.73	2,320.55
Blue Shield Access+ EPO and Medicare PPO ²	1,618.45	2,320.55	1,598.66	1,618.45	2,066.73	2,320.55
Blue Shield Trio and Medicare PPO ²	1,583.07	2,263.94	1,577.43	1,583.07	2,031.35	2,263.94
Kaiser Permanente and Senior Advantage ³	1,455.98	2,123.72	1,353.90	1,455.98	1,799.06	2,123.72
Kaiser Permanente and Senior Advantage Summit ³	1,521.21	2,188.95	1,484.36	1,521.21	1,929.52	2,188.95
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage ⁵	1,626.83	2,337.58	1,595.25	1,626.83	2,069.08	2,337.58
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage ⁵	1,447.27	2,050.28	1,487.51	1,447.27	1,889.52	2,050.28
	Region 1					
BASIC PPO + MEDICARE PLANS						
PERS Gold and Medicare Supplement	1,559.83	2,168.05	1,700.48	1,559.83	2,105.96	2,168.05
PERS Platinum and Medicare Supplement	2,060.80	2,946.46	2,055.06	2,060.80	2,645.50	2,946.46
PORAC and Medicare Supplement	1,750.00	2,309.00	1,678.00	1,482.00	2,098.00	2,309.00

¹ Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.
² Dental and Vision coverage is an additional \$39.14 per member per month. The plan will bill you directly for this amount.
³ Dental benefit is an additional \$15.97 per member per month. The plan will bill you directly for this amount.
⁴ Dental benefit is an additional \$12.49 per member per month. The plan will bill you directly for this amount.
⁵ Dental and Vision coverage is an additional \$29.54 per member per month. The plan will bill you directly for this amount.

	Medicare Subscriber +			Basic Subscriber +		
	1 Basic Dependent	2+ Basic Dependents	1+ Basic & 1 Medicare Dependent	1 Medicare Dependent	2+ Medicare Dependents	1 Basic & 1+ Medicare Dependent
BASIC HMO + MEDICARE PLANS	Region 2					
Anthem Blue Cross Select and Medicare Preferred ¹	\$1,406.56	\$1,957.96	\$1,526.52	\$1,406.56	\$1,894.12	\$1,957.96
Anthem Blue Cross Traditional and Medicare Preferred ¹	1,598.53	2,265.11	1,641.70	1,598.53	2,086.09	2,265.11
Blue Shield Access+ and Medicare ²	1,396.81	1,965.93	1,465.68	1,396.81	1,845.09	1,965.93
Blue Shield Access+ EPO and Medicare ²	1,396.81	1,965.93	1,465.68	1,396.81	1,845.09	1,965.93
Blue Shield Trio and Medicare ²	1,357.38	1,902.84	1,442.02	1,357.38	1,805.66	1,902.84
Kaiser Permanente and Senior Advantage ³	1,287.42	1,854.02	1,252.76	1,287.42	1,630.50	1,854.02
Kaiser Permanente and Senior Advantage Summit ³	1,352.65	1,919.25	1,383.22	1,352.65	1,760.96	1,919.25
Sharp Performance Plus and Direct Advantage Medicare ⁴	1,140.89	1,661.96	1,065.95	1,140.89	1,413.33	1,661.96
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage ⁵	1,332.91	1,867.31	1,418.90	1,332.91	1,775.16	1,867.31
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage ⁵	1,261.89	1,753.67	1,376.28	1,261.89	1,704.14	1,753.67

BASIC PPO + MEDICARE PLANS						
PERS Gold and Medicare Supplement	1,410.88	1,929.73	1,611.11	1,410.88	1,957.01	1,929.73
PERS Platinum and Medicare Supplement	1,843.46	2,598.72	1,924.66	1,843.46	2,428.16	2,598.72
PORAC and Medicare Supplement	1,489.00	2,021.00	1,651.00	1,477.00	2,093.00	2,021.00

	Region 3					
	BASIC HMO + MEDICARE PLANS					
Anthem Blue Cross Select and Medicare Preferred ¹	\$1,404.44	\$1,954.57	\$1,525.25	\$1,404.44	\$1,892.00	\$1,954.57
Anthem Blue Cross Traditional and Medicare Preferred ¹	1,553.02	2,192.30	1,614.40	1,553.02	2,040.58	2,192.30
Blue Shield Access+ and Medicare ²	1,276.76	1,773.85	1,393.65	1,276.76	1,725.04	1,773.85
Blue Shield Trio and Medicare ²	1,186.39	1,629.26	1,339.43	1,186.39	1,634.67	1,629.26
Kaiser Permanente and Senior Advantage ³	1,269.60	1,825.51	1,242.07	1,269.60	1,612.68	1,825.51
Kaiser Permanente and Senior Advantage Summit ³	1,334.83	1,890.74	1,372.53	1,334.83	1,743.14	1,890.74
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage ⁵	1,308.65	1,828.49	1,404.34	1,308.65	1,750.90	1,828.49
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage ⁵	1,198.53	1,652.30	1,338.27	1,198.53	1,640.78	1,652.30

BASIC PPO + MEDICARE PLANS						
PERS Gold and Medicare Supplement	1,414.28	1,935.17	1,613.15	1,414.28	1,960.41	1,935.17
PERS Platinum and Medicare Supplement	1,848.43	2,606.67	1,927.64	1,848.43	2,433.13	2,606.67
PORAC and Medicare Supplement	1,489.00	2,021.00	1,651.00	1,477.00	2,093.00	2,021.00

	Out of State					
	BASIC HMO + MEDICARE PLANS					
Kaiser Permanente and Senior Advantage	\$1,758.98	\$2,612.34	\$1,526.80	\$1,758.98	\$2,095.70	\$2,612.34
Kaiser Permanente and Senior Advantage Summit	1,824.23	2,677.59	1,657.30	1,824.23	2,226.20	2,677.59

BASIC PPO + MEDICARE PLANS						
PERS Platinum and Medicare Supplement	1,829.25	2,575.98	1,916.13	1,829.25	2,413.95	2,575.98
PORAC and Medicare Supplement	1,647.00	2,061.00	1,534.00	1,613.00	2,229.00	2,061.00

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