

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Region 3									
Los Angeles, Riverside, San Bernardino									
Basic Monthly Premiums (B)									
Plan	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross Select	\$676.48	508	1	\$1,352.96	508	2	\$1,758.85	508	3
Anthem Blue Cross Traditional	935.57	511	1	1,871.14	511	2	2,432.48	511	3
Blue Shield Access+	779.87	527	1	1,559.74	527	2	2,027.66	527	3
Blue Shield Trio*	668.13	452	1	1,336.26	452	2	1,737.14	452	3
Health Net Salud y Más	463.87	532	1	927.74	532	2	1,206.06	532	3
Health Net SmartCare	764.96	530	1	1,529.92	530	2	1,988.90	530	3
Kaiser Permanente	719.78	535	1	1,439.56	535	2	1,871.43	535	3
PERS Gold	575.56	615	1	1,151.12	615	2	1,496.46	615	3
PERS Platinum	863.37	603	1	1,726.74	603	2	2,244.76	603	3
Peace Officers Research Assoc of CA	775.00	594	1	1,475.00	594	2	1,894.00	594	3
UnitedHealthcare Signature Alliance	771.85	578	1	1,543.70	578	2	2,006.81	578	3
UnitedHealthcare Signature Harmony	714.28	475	1	1,428.56	475	2	1,857.13	475	3
Supplement/Managed Medicare Monthly Premiums (M)									
Plan	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross Select Medicare Preferred	\$360.19	039	1	\$720.38	039	2	\$1,080.57	039	3
Anthem Blue Cross Select Medicare Preferred with Dental/Vision ¹	360.19	075	1	720.38	075	2	1,080.57	075	3
Anthem Blue Cross Medicare Preferred	360.19	517	1	720.38	517	2	1,080.57	517	3
Anthem Blue Cross Medicare Preferred with Dental/Vision ¹	360.19	514	1	720.38	514	2	1,080.57	514	3
Blue Shield Medicare	353.11	014	1	706.22	014	2	1,059.33	014	3
Blue Shield Medicare with Dental/Vision ²	353.11	047	1	706.22	047	2	1,059.33	047	3
Kaiser Permanente Senior Advantage	302.53	538	1	605.06	538	2	907.59	538	3
Kaiser Permanente Senior Advantage with Dental ³	302.53	544	1	605.06	544	2	907.59	544	3
PERS Gold Medicare Supplement	377.41	618	1	754.82	618	2	1,132.23	618	3
PERS Platinum Medicare Supplement	381.94	607	1	763.88	607	2	1,145.82	607	3
Peace Officers Research Assoc of CA Medicare Supplement	461.00	597	1	919.00	597	2	1,471.00	597	3
UnitedHealthcare Medicare Advantage	294.65	581	1	589.30	581	2	883.95	581	3
UnitedHealthcare Medicare Advantage with Dental/Vision ⁴	294.65	587	1	589.30	587	2	883.95	587	3
UnitedHealthcare Medicare Advantage Edge	347.21	623	1	694.42	623	2	1,041.63	623	3

*Blue Shield Trio is only available in Los Angeles (partial county served)

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

³Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

⁴Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Region 3									
Los Angeles, Riverside, San Bernardino									
Combination Monthly Premiums									
Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Anthem Blue Cross Select and Medicare Preferred	\$1,036.67	041	4	\$1,442.56	041	5	\$1,126.27	041	6
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,036.67	077	4	1,442.56	077	5	1,126.27	077	6
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,295.76	520	4	1,857.10	520	5	1,281.72	520	6
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,295.76	523	4	1,857.10	523	5	1,281.72	523	6
Blue Shield Access+ and Medicare	1,132.98	051	4	1,600.90	051	5	1,174.14	051	6
Blue Shield Access+ and Medicare with Dental/Vision ²	1,132.98	091	4	1,600.90	091	5	1,174.14	091	6
Blue Shield Trio and Medicare	1,021.24	096	4	1,422.12	096	5	1,107.10	096	6
Blue Shield Trio and Medicare with Dental/Vision ³	1,021.24	099	4	1,422.12	099	5	1,107.10	099	6
Kaiser Permanente and Senior Advantage	1,022.31	541	4	1,454.18	541	5	1,036.93	541	6
Kaiser Permanente and Senior Advantage with Dental ⁴	1,022.31	547	4	1,454.18	547	5	1,036.93	547	6
PERS Gold and Medicare Supplement	952.97	621	4	1,298.31	621	5	1,100.16	621	6
PERS Platinum and Medicare Supplement	1,245.31	611	4	1,763.33	611	5	1,281.90	611	6
Peace Officers Research Assoc of CA and Medicare Supplement	1,273.00	600	4	1,793.00	600	5	1,592.00	600	6
UnitedHealthcare Signature Alliance Medicare Advantage	1,066.50	584	4	1,529.61	584	5	1,052.41	584	6
UnitedHealthcare Signature Alliance Medicare Advantage with Dental/Vision ⁵	1,066.50	590	4	1,529.61	590	5	1,052.41	590	6
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,119.06	629	4	1,582.17	629	5	1,157.53	629	6
UnitedHealthcare Signature Harmony and Medicare Advantage Edge	1,061.49	626	4	1,490.06	626	5	1,122.99	626	6
UnitedHealthcare Signature Harmony and Medicare Advantage	1,008.93	774	4	1,437.50	774	5	1,017.87	774	6
UnitedHealthcare Signature Harmony and Medicare Advantage with DV ⁶	1,008.93	776	4	1,437.50	776	5	1,017.87	776	6
Combination Monthly Premiums (Continued)									
Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Anthem Blue Cross Select and Medicare Preferred	\$1,036.67	041	7	\$1,396.86	041	8	\$1,442.56	041	9
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,036.67	077	7	1,396.86	077	8	1,442.56	077	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,295.76	520	7	1,655.95	520	8	1,857.10	520	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,295.76	523	7	1,655.95	523	8	1,857.10	523	9
Blue Shield Access+ and Medicare	1,132.98	051	7	1,486.09	051	8	1,600.90	051	9
Blue Shield Access+ and Medicare with Dental/Vision ²	1,132.98	091	7	1,486.09	091	8	1,600.90	091	9
Blue Shield Trio and Medicare	1,021.24	096	7	1,374.35	096	8	1,422.12	096	9
Blue Shield Trio and Medicare with Dental/Vision ³	1,021.24	099	7	1,374.35	099	8	1,422.12	099	9
Kaiser Permanente and Senior Advantage	1,022.31	541	7	1,324.84	541	8	1,454.18	541	9
Kaiser Permanente and Senior Advantage with Dental ⁴	1,022.31	547	7	1,324.84	547	8	1,454.18	547	9
PERS Gold and Medicare Supplement	952.97	621	7	1,330.38	621	8	1,298.31	621	9
PERS Platinum and Medicare Supplement	1,245.31	611	7	1,627.25	611	8	1,763.33	611	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,268.00	600	7	1,847.00	600	8	1,678.00	600	9
UnitedHealthcare Signature Alliance Medicare Advantage	1,066.50	584	7	1,361.15	584	8	1,529.61	584	9
UnitedHealthcare Signature Alliance Medicare Advantage with Dental/Vision ⁵	1,066.50	590	7	1,361.15	590	8	1,529.61	590	9
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,119.06	629	7	1,466.27	629	8	1,582.17	629	9
UnitedHealthcare Signature Harmony and Medicare Advantage Edge	1,061.49	626	7	1,408.70	626	8	1,490.06	626	9
UnitedHealthcare Signature Harmony and Medicare Advantage	1,008.93	774	7	1,303.58	774	8	1,437.50	774	9
UnitedHealthcare Signature Harmony and Medicare Advantage with DV ⁶	1,008.93	776	7	1,303.58	776	8	1,437.50	776	9

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

⁴Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

⁵Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

⁶Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)**Effective Date: January 1, 2022****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 Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross Del Norte	\$1,057.01	504	1	\$2,114.02	504	2	\$2,748.23	504	3
Anthem Blue Cross Select	1,015.81	506	1	2,031.62	506	2	2,641.11	506	3
Anthem Blue Cross Traditional	1,304.00	509	1	2,608.00	509	2	3,390.40	509	3
Blue Shield Access+	1,116.01	525	1	2,232.02	525	2	2,901.63	525	3
Blue Shield Access+ EPO	1,116.01	524	1	2,232.02	524	2	2,901.63	524	3
Blue Shield Trio*	898.54	451	1	1,797.08	451	2	2,336.20	451	3
Health Net SmartCare	1,153.00	528	1	2,306.00	528	2	2,997.80	528	3
Kaiser Permanente	857.06	533	1	1,714.12	533	2	2,228.36	533	3
PERS Gold	701.23	613	1	1,402.46	613	2	1,823.20	613	3
PERS Platinum	1,057.01	601	1	2,114.02	601	2	2,748.23	601	3
Peace Officers Research Assoc of CA	799.00	592	1	1,725.00	592	2	2,219.00	592	3
UnitedHealthcare Signature Alliance	1,020.28	576	1	2,040.56	576	2	2,652.73	576	3
Western Health Advantage	741.26	591	1	1,482.52	591	2	1,927.28	591	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross Select Medicare Preferred	\$360.19	455	1	\$720.38	455	2	\$1,080.57	455	3
Anthem Blue Cross Select Medicare Preferred with Dental ¹	360.19	459	1	720.38	459	2	1,080.57	459	3
Anthem Blue Cross Medicare Preferred	360.19	515	1	720.38	515	2	1,080.57	515	3
Anthem Blue Cross Medicare Preferred with Dental/Vision ¹	360.19	512	1	720.38	512	2	1,080.57	512	3
Blue Shield Medicare	353.11	011	1	706.22	011	2	1,059.33	011	3
Blue Shield Medicare with Dental/Vision ²	353.11	016	1	706.22	016	2	1,059.33	016	3
Kaiser Permanente Senior Advantage	302.53	536	1	605.06	536	2	907.59	536	3
Kaiser Permanente Senior Advantage with Dental ³	302.53	542	1	605.06	542	2	907.59	542	3
PERS Gold Medicare Supplement	377.41	616	1	754.82	616	2	1,132.23	616	3
PERS Platinum Medicare Supplement	381.94	605	1	763.88	605	2	1,145.82	605	3
Peace Officers Research Assoc of CA Medicare Supplement	461.00	595	1	919.00	595	2	1,471.00	595	3
UnitedHealthcare Medicare Advantage Edge	347.21	476	1	694.42	476	2	1,041.63	476	3
UnitedHealthcare Medicare Advantage	294.65	579	1	589.30	579	2	883.95	579	3
UnitedHealthcare Medicare Advantage with Dental/Vision ⁴	294.65	585	1	589.30	585	2	883.95	585	3
Western Health Advantage Medicare Advantage	314.94	035	1	629.88	035	2	944.82	035	3

*Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento, Santa Cruz, Stanislaus, and Yolo (partial county served)

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.²Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.³Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.⁴Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

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									
Combination Monthly Premiums									
Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,438.95	021	4	\$2,073.16	021	5	\$1,398.09	021	6
Anthem Blue Cross Select and Medicare Preferred	1,376.00	457	4	1,985.49	457	5	1,329.87	457	6
Anthem Blue Cross Select and Medicare Preferred with Dental ¹	1,376.00	460	4	1,985.49	460	5	1,329.87	460	6
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,664.19	518	4	2,446.59	518	5	1,502.78	518	6
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,664.19	521	4	2,446.59	521	5	1,502.78	521	6
Blue Shield Access+ and Medicare	1,469.12	049	4	2,138.73	049	5	1,375.83	049	6
Blue Shield Access+ and Medicare with Dental/Vision ²	1,469.12	089	4	2,138.73	089	5	1,375.83	089	6
Blue Shield Access+ EPO and Medicare	1,469.12	092	4	2,138.73	092	5	1,375.83	092	6
Blue Shield Access+ EPO and Medicare with Dental/Vision ³	1,469.12	093	4	2,138.73	093	5	1,375.83	093	6
Blue Shield Trio and Medicare	1,251.65	094	4	1,790.77	094	5	1,245.34	094	6
Blue Shield Trio and Medicare with Dental/Vision ⁴	1,251.65	097	4	1,790.77	097	5	1,245.34	097	6
Kaiser Permanente and Senior Advantage	1,159.59	539	4	1,673.83	539	5	1,119.30	539	6
Kaiser Permanente Senior Advantage with Dental ⁵	1,159.59	545	4	1,673.83	545	5	1,119.30	545	6
PERS Gold and Medicare Supplement	1,078.64	619	4	1,499.38	619	5	1,175.56	619	6
PERS Platinum and Medicare Supplement	1,438.95	609	4	2,073.16	609	5	1,398.09	609	6
Peace Officers Research Assoc of CA and Medicare Supplement	1,439.00	598	4	1,913.00	598	5	1,496.00	598	6
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,367.49	627	4	1,979.66	627	5	1,306.59	627	6
UnitedHealthcare Signature Alliance and Medicare Advantage	1,314.93	582	4	1,927.10	582	5	1,201.47	582	6
UnitedHealthcare Signature Alliance and Medicare Advantage with Dental/Vision ⁶	1,314.93	588	4	1,927.10	588	5	1,201.47	588	6
Western Health Advantage and Medicare Advantage	1,056.20	036	4	1,500.96	036	5	1,074.64	036	6
Combination Monthly Premiums (Continued)									
Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Anthem Blue Cross Del Norte and Medicare Supplement	\$1,438.95	021	7	\$1,820.89	021	8	\$2,073.16	021	9
Anthem Blue Cross Select and Medicare Preferred	1,376.00	457	7	1,736.19	457	8	1,985.49	457	9
Anthem Blue Cross Select and Medicare Preferred with Dental ¹	1,376.00	460	7	1,736.19	460	8	1,985.49	460	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,664.19	518	7	2,024.38	518	8	2,446.59	518	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,664.19	521	7	2,024.38	521	8	2,446.59	521	9
Blue Shield Access+ and Medicare	1,469.12	049	7	1,822.23	049	8	2,138.73	049	9
Blue Shield Access+ and Medicare with Dental/Vision ²	1,469.12	089	7	1,822.23	089	8	2,138.73	089	9

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

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

Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Blue Shield Access+ EPO and Medicare	\$1,469.12	092	7	\$1,822.23	092	8	\$2,138.73	092	9
Blue Shield Access+ EPO and Medicare with Dental/Vision ³	1,469.12	093	7	1,822.23	093	8	2,138.73	093	9
Blue Shield Trio and Medicare	1,251.65	094	7	1,604.76	094	8	1,790.77	094	9
Blue Shield Trio and Medicare with Dental/Vision ⁴	1,251.65	097	7	1,604.76	097	8	1,790.77	097	9
Kaiser Permanente and Senior Advantage	1,159.59	539	7	1,462.12	539	8	1,673.83	539	9
Kaiser Permanente and Senior Advantage with Dental ⁵	1,159.59	545	7	1,462.12	545	8	1,673.83	545	9
PERS Gold and Medicare Supplement	1,078.64	619	7	1,456.05	619	8	1,499.38	619	9
PERS Platinum and Medicare Supplement	1,438.95	609	7	1,820.89	609	8	2,073.16	609	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,308.00	598	7	1,825.00	598	8	1,782.00	598	9
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,367.49	627	7	1,714.70	627	8	1,979.66	627	9
UnitedHealthcare Signature Alliance and Medicare Advantage	1,314.93	582	7	1,609.58	582	8	1,927.10	582	9
UnitedHealthcare Signature Alliance and Medicare Advantage with Dental/Vision ⁶	1,314.93	588	7	1,609.58	588	8	1,927.10	588	9
Western Health Advantage and Medicare Advantage	1,056.20	036	7	1,371.14	036	8	1,500.96	036	9

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

⁴Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

⁵Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

⁶Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Region 2

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

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross Select	\$712.43	507	1	\$1,424.86	507	2	\$1,852.32	507	3
Anthem Blue Cross Traditional	1,007.13	510	1	2,014.26	510	2	2,618.54	510	3
Blue Shield Access+	900.22	526	1	1,800.44	526	2	2,340.57	526	3
Blue Shield Trio*	742.70	088	1	1,485.40	088	2	1,931.02	088	3
Health Net Salud y Más	548.26	531	1	1,096.52	531	2	1,425.48	531	3
Health Net SmartCare	845.69	529	1	1,691.38	529	2	2,198.79	529	3
Kaiser Permanente	706.02	534	1	1,412.04	534	2	1,835.65	534	3
PERS Gold	587.78	614	1	1,175.56	614	2	1,528.23	614	3
PERS Platinum	882.18	602	1	1,764.36	602	2	2,293.67	602	3
Peace Officers Research Assoc of CA	775.00	593	1	1,550.00	593	2	2,010.00	593	3
Sharp Performance Plus ⁴	699.21	575	1	1,398.42	575	2	1,817.95	575	3
UnitedHealthcare Signature Alliance	775.09	577	1	1,550.18	577	2	2,015.23	577	3
UnitedHealthcare Signature Harmony	782.74	399	1	1,565.48	399	2	2,035.12	399	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross Select and Medicare Preferred	\$360.19	038	1	\$720.38	038	2	\$1,080.57	038	3
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	360.19	074	1	720.38	074	2	1,080.57	074	3
Anthem Blue Cross Medicare Preferred	360.19	516	1	720.38	516	2	1,080.57	516	3
Anthem Blue Cross Medicare Preferred with Dental/Vision ¹	360.19	513	1	720.38	513	2	1,080.57	513	3
Blue Shield Medicare	353.11	012	1	706.22	012	2	1,059.33	012	3
Blue Shield Medicare with Dental/Vision ²	353.11	017	1	706.22	017	2	1,059.33	017	3
Kaiser Permanente Senior Advantage	302.53	537	1	605.06	537	2	907.59	537	3
Kaiser Permanente Senior Advantage with Dental ³	302.53	543	1	605.06	543	2	907.59	543	3
PERS Gold Medicare Supplement	377.41	617	1	754.82	617	2	1,132.23	617	3
PERS Platinum Medicare Supplement	381.94	606	1	763.88	606	2	1,145.82	606	3
Peace Officers Research Assoc of CA Medicare Supplement	461.00	596	1	919.00	596	2	1,471.00	596	3
Sharp Direct Advantage ⁴	263.85	024	1	527.70	024	2	791.55	024	3
Sharp Direct Advantage with Dental Option ^{4 5}	263.85	026	1	527.70	026	2	791.55	026	3
UnitedHealthcare Medicare Advantage	294.65	580	1	589.30	580	2	883.95	580	3
UnitedHealthcare Medicare Advantage with Dental/Vision ⁶	294.65	586	1	589.30	586	2	883.95	586	3
UnitedHealthcare Medicare Advantage Edge	347.21	622	1	694.42	622	2	1,041.63	622	3

*Blue Shield Trio is only available in Orange, San Luis Obispo, Santa Barbara, and Ventura. (partial counties served)

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

³Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

⁴Sharp Performance Plus, Sharp Direct Advantage, and Sharp Direct Advantage plus Dental Option is only available in San Diego

⁵Dental benefit is an additional \$13.00 per member per month premium. You will be billed directly for this amount.

⁶Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Region 2

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

Combination Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Anthem Blue Cross Select and Medicare Preferred	\$1,072.62	040	4	\$1,500.08	040	5	\$1,147.84	040	6
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,072.62	076	4	1,500.08	076	5	1,147.84	076	6
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.32	519	4	1,971.60	519	5	1,324.66	519	6
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,367.32	522	4	1,971.60	522	5	1,324.66	522	6
Blue Shield Access+ and Medicare	1,253.33	050	4	1,793.46	050	5	1,246.35	050	6
Blue Shield Access+ and Medicare with Dental/Vision ²	1,253.33	090	4	1,793.46	090	5	1,246.35	090	6
Blue Shield Trio and Medicare	1,095.81	095	4	1,541.43	095	5	1,151.84	095	6
Blue Shield Trio and Medicare with Dental/Vision ³	1,095.81	098	4	1,541.43	098	5	1,151.84	098	6
Kaiser Permanente and Senior Advantage	1,008.55	540	4	1,432.16	540	5	1,028.67	540	6
Kaiser Permanente and Senior Advantage with Dental ⁴	1,008.55	546	4	1,432.16	546	5	1,028.67	546	6
PERS Gold and Medicare Supplement	965.19	620	4	1,317.86	620	5	1,107.49	620	6
PERS Platinum and Medicare Supplement	1,264.12	610	4	1,793.43	610	5	1,293.19	610	6
Peace Officers Research Assoc of CA and Medicare Supplement	1,351.00	599	4	1,835.00	599	5	1,582.00	599	6
Sharp Direct Advantage ⁵	963.06	025	4	1,382.59	025	5	947.23	025	6
Sharp Direct Advantage with Dental ^{5 6}	963.06	027	4	1,382.59	027	5	947.23	027	6
UnitedHealthcare Signature Alliance and Medicare Advantage	1,069.74	583	4	1,534.79	583	5	1,054.35	583	6
UnitedHealthcare Signature Alliance and Medicare Advantage with Dental/Vision ⁷	1,069.74	589	4	1,534.79	589	5	1,054.35	589	6
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,122.30	628	4	1,587.35	628	5	1,159.47	628	6
UnitedHealthcare Signature Harmony and Medicare Advantage Edge	1,129.95	625	4	1,599.59	625	5	1,164.06	625	6
UnitedHealthcare Signature Harmony and Medicare Advantage	1,077.39	773	4	1,547.03	773	5	1,058.94	773	6
UnitedHealthcare Signature Harmony and Medicare Advantage with D/V ⁸	1,077.39	775	4	1,547.03	775	5	1,058.94	775	6

Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Anthem Blue Cross Select and Medicare Preferred	\$1,072.62	040	7	\$1,432.81	040	8	\$1,500.08	040	9
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,072.62	076	7	1,432.81	076	8	1,500.08	076	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,367.32	519	7	1,727.51	519	8	1,971.60	519	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,367.32	522	7	1,727.51	522	8	1,971.60	522	9
Blue Shield Access+ and Medicare	1,253.33	050	7	1,606.44	050	8	1,793.46	050	9
Blue Shield Access+ and Medicare with Dental/Vision ²	1,253.33	090	7	1,606.44	090	8	1,793.46	090	9
Blue Shield Trio and Medicare	1,095.81	095	7	1,448.92	095	8	1,541.43	095	9
Blue Shield Trio and Medicare with Dental/Vision ³	1,095.81	098	7	1,448.92	098	8	1,541.43	098	9
Kaiser Permanente and Senior Advantage	1,008.55	540	7	1,311.08	540	8	1,432.16	540	9
Kaiser Permanente and Senior Advantage with Dental ⁴	1,008.55	546	7	1,311.08	546	8	1,432.16	546	9
PERS Gold and Medicare Supplement	965.19	620	7	1,342.60	620	8	1,317.86	620	9
PERS Platinum and Medicare Supplement	1,264.12	610	7	1,646.06	610	8	1,793.43	610	9

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Region 2									
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura									
Combination Monthly Premiums (Continued)									
Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Peace Officers Research Assoc of CA and Medicare Supplement	\$1,346.00	599	7	\$1,800.00	599	8	\$1,830.00	599	9
Sharp Direct Advantage ⁵	963.06	025	7	1,226.91	025	8	1,382.59	025	9
Sharp Direct Advantage with Dental ⁶	963.06	027	7	1,226.91	027	8	1,382.59	027	9
UnitedHealthcare Signature Alliance and Medicare Advantage	1,069.74	583	7	1,364.39	583	8	1,534.79	583	9
UnitedHealthcare Signature Alliance and Medicare Advantage with Dental/Vision ⁷	1,069.74	589	7	1,364.39	589	8	1,534.79	589	9
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,122.30	628	7	1,469.51	628	8	1,587.35	628	9
UnitedHealthcare Signature Harmony and Medicare Advantage Edge	1,129.95	625	7	1,477.16	625	8	1,599.59	625	9
UnitedHealthcare Signature Harmony and Medicare Advantage	1,077.39	773	7	1,372.04	773	8	1,547.03	773	9
UnitedHealthcare Signature Harmony and Medicare Advantage with D/V ⁸	1,077.39	775	7	1,372.04	775	8	1,547.03	775	9

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

⁴Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

⁵Sharp Performance Plus, Sharp Direct Advantage, and Sharp Direct Advantage plus Dental Option is only available in San Diego

⁶Dental benefit is an additional \$13.00 per member per month premium. You will be billed directly for this amount.

⁷Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

⁸Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Out-Of-State-Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Out of State										
Basic Monthly Premiums (B)										
Plan	Member Eligibility	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Kaiser Permanente - Colorado	State & PA	\$1,138.95	252	1	\$2,277.90	252	2	\$2,961.27	252	3
Kaiser Permanente - Georgia	State & PA	1,138.95	245	1	2,277.90	245	2	2,961.27	245	3
Kaiser Permanente - Hawaii	State & PA	1,138.95	270	1	2,277.90	270	2	2,961.27	270	3
Kaiser Permanente - MidAtlantic	State & PA	1,138.95	265	1	2,277.90	265	2	2,961.27	265	3
Kaiser Permanente - Northwest	State & PA	1,138.95	219	1	2,277.90	219	2	2,961.27	219	3
Kaiser Permanente - Washington	State & PA	1,138.95	392	1	2,277.90	392	2	2,961.27	392	3
PERS Platinum	PA Only	847.71	604	1	1,695.42	604	2	2,204.05	604	3
PERS Platinum	State Only	946.78	434	1	1,893.56	434	2	2,461.63	434	3
Peace Officers Research Assoc of CA – Out of State	PA Only	899.00	150	1	1,899.00	150	2	2,223.00	150	3
Peace Officers Research Assoc of CA – Out of State	State Only	899.00	463	1	1,899.00	463	2	2,223.00	463	3
Supplement/Managed Medicare Monthly Premiums (M)										
Plan	Member Eligibility	Subscriber	Plan Code	Party Code	Subscriber & 1 Dependent	Plan Code	Party Code	Subscriber & 2+ Dependents	Plan Code	Party Code
Blue Shield Medicare	PA Only	\$353.11	015	1	\$706.22	015	2	\$1,059.33	015	3
Blue Shield Medicare with Dental/Vision ¹	PA Only	353.11	048	1	706.22	048	2	1,059.33	048	3
Kaiser Permanente Senior Advantage - Colorado	State & PA	295.52	253	1	591.04	253	2	886.56	253	3
Kaiser Permanente Senior Advantage - Georgia	State & PA	295.52	249	1	591.04	249	2	886.56	249	3
Kaiser Permanente Senior Advantage - Hawaii	State & PA	295.52	214	1	591.04	214	2	886.56	214	3
Kaiser Permanente Senior Advantage - MidAtlantic	State & PA	295.52	261	1	591.04	261	2	886.56	261	3
Kaiser Permanente Senior Advantage - Northwest	State & PA	295.52	269	1	591.04	269	2	886.56	269	3
Kaiser Permanente Senior Advantage - Washington	State & PA	295.52	393	1	591.04	393	2	886.56	393	3
PERS Platinum Medicare Supplement	PA Only	381.94	608	1	763.88	608	2	1,145.82	608	3
PERS Platinum Medicare Supplement	State Only	381.94	435	1	763.88	435	2	1,145.82	435	3
Peace Officers Research Assoc of CA Medicare Sup. – Out of State	PA Only	461.00	250	1	919.00	250	2	1,471.00	250	3
UnitedHealthcare Medicare Advantage	PA Only	294.65	363	1	589.30	363	2	883.95	363	3
UnitedHealthcare Medicare Advantage with Dental/Vision ²	PA Only	294.65	364	1	589.30	364	2	883.95	364	3
UnitedHealthcare Medicare Advantage Edge	PA Only	347.21	624	1	694.42	624	2	1,041.63	624	3
Peace Officers Research Assoc of CA Medicare Supplement	State Only	461.00	208	1	919.00	208	2	1,471.00	208	3
Peace Officers Research Assoc of CA Medicare Sup. – Out of State	State Only	461.00	464	1	919.00	464	2	1,471.00	464	3
UnitedHealthcare Medicare Advantage	State Only	294.65	163	1	589.30	163	2	883.95	163	3

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.²Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

CalPERS 2022 Regional Out-Of-State Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Out of State Combination Monthly Premiums										
Plan	Member Eligibility	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Subscriber in M, & 1+ Dependent in B	Plan Code	Party Code
Kaiser Permanente and Senior Advantage - Colorado	State & PA	\$1,434.47	129	4	\$2,117.84	129	5	\$1,274.41	129	6
Kaiser Permanente and Senior Advantage - Georgia	State & PA	1,434.47	130	4	2,117.84	130	5	1,274.41	130	6
Kaiser Permanente and Senior Advantage - Hawaii	State & PA	1,434.47	137	4	2,117.84	137	5	1,274.41	137	6
Kaiser Permanente and Senior Advantage - MidAtlantic	State & PA	1,434.47	138	4	2,117.84	138	5	1,274.41	138	6
Kaiser Permanente and Senior Advantage - Northwest	State & PA	1,434.47	139	4	2,117.84	139	5	1,274.41	139	6
Kaiser Permanente and Senior Advantage - Washington	State & PA	1,434.47	394	4	2,117.84	394	5	1,274.41	394	6
PERS Platinum and Medicare Supplement	PA Only	1,229.65	612	4	1,738.28	612	5	1,272.51	612	6
PERS Platinum and Medicare Supplement	State Only	1,328.72	436	4	1,896.79	436	5	1,331.95	436	6
Peace Officers Research Assoc of CA and Medicare Sup. – Out of State	PA Only	1,461.00	300	4	1,886.00	300	5	1,444.00	300	6
Peace Officers Research Assoc of CA and Medicare Sup. – Out of State	State Only	1,461.00	467	4	1,886.00	467	5	1,444.00	467	6
Combination Monthly Premiums (Continued)										
Plan	Member Eligibility	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, & 1+ Dependent in B	Plan Code	Party Code
Kaiser Permanente and Senior Advantage - Colorado	State & PA	\$1,434.47	129	7	\$1,729.99	129	8	\$2,117.84	129	9
Kaiser Permanente and Senior Advantage - Georgia	State & PA	1,434.47	130	7	1,729.99	130	8	2,117.84	130	9
Kaiser Permanente and Senior Advantage - Hawaii	State & PA	1,434.47	137	7	1,729.99	137	8	2,117.84	137	9
Kaiser Permanente and Senior Advantage - MidAtlantic	State & PA	1,434.47	138	7	1,729.99	138	8	2,117.84	138	9
Kaiser Permanente and Senior Advantage - Northwest	State & PA	1,434.47	139	7	1,729.99	139	8	2,117.84	139	9
Kaiser Permanente and Senior Advantage - Washington	State & PA	1,434.47	394	7	1,729.99	394	8	2,117.84	394	9
PERS Platinum and Medicare Supplement	PA Only	1,229.65	612	7	1,611.59	612	8	1,738.28	612	9
PERS Platinum and Medicare Supplement	State Only	1,328.72	436	7	1,710.66	436	8	1,896.79	436	9
Peace Officers Research Assoc of CA and Medicare Sup. – Out of State	PA Only	1,461.00	300	7	1,974.00	300	8	1,830.00	300	9
Peace Officers Research Assoc of CA and Medicare Sup. – Out of State	State Only	1,461.00	467	7	1,974.00	467	8	1,830.00	467	9

CalPERS 2022 Regional COBRA Health Premiums

Effective Date: January 1, 2022

Consolidated Omnibus Budget Reconciliation Act (COBRA) premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

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 COBRA Premiums

Plan	Single	2-Party	Family
Anthem Blue Cross Del Norte	\$1,078.15	\$2,156.30	\$2,803.19
Anthem Blue Cross Select	1,036.13	2,072.25	2,693.93
Anthem Blue Cross Traditional	1,330.08	2,660.16	3,458.21
Blue Shield Access+	1,138.33	2,276.66	2,959.66
Blue Shield EPO	1,138.33	2,276.66	2,959.66
Blue Shield Trio	916.51	1,833.02	2,382.92
Health Net SmartCare	1,176.06	2,352.12	3,057.76
Kaiser	874.20	1,748.40	2,272.93
PERS Platinum	1,078.15	2,156.30	2,803.19
PERS Gold	715.25	1,430.51	1,859.66
PORAC	814.98	1,759.50	2,263.38
UnitedHealthcare Alliance	1,040.69	2,081.37	2,705.78
Western Health Advantage	756.09	1,512.17	1,965.83

CalPERS 2022 Regional COBRA Health Premiums

Effective Date: January 1, 2022

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

Region 2

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

Basic Monthly COBRA Premiums

Plan	Single	2-Party	Family
Anthem Blue Cross Select	\$726.68	\$1,453.36	\$1,889.37
Anthem Blue Cross Traditional	1,027.27	2,054.55	2,670.91
Blue Shield Access+	918.22	1,836.45	2,387.38
Blue Shield Trio	757.55	1,515.11	1,969.64
Health Net Salud y Más	559.23	1,118.45	1,453.99
Health Net SmartCare	862.60	1,725.21	2,242.77
Kaiser	720.14	1,440.28	1,872.36
PERS Platinum	899.82	1,799.65	2,339.54
PERS Gold	599.54	1,199.07	1,558.79
PORAC	790.50	1,581.00	2,050.20
Sharp	713.19	1,426.39	1,854.31
UnitedHealthcare Alliance	790.59	1,581.18	2,055.53
UnitedHealthcare Harmony	798.39	1,596.79	2,075.82

CalPERS 2022 Regional COBRA Health Premiums

Effective Date: January 1, 2022

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

Region 3			
Los Angeles, Riverside, San Bernardino			
Basic Monthly COBRA Premiums			
Plan	Single	2-Party	Family
Anthem Blue Cross Select	\$690.01	\$1,380.02	\$1,794.03
Anthem Blue Cross Traditional	954.28	1,908.56	2,481.13
Blue Shield Access+	795.47	1,590.93	2,068.21
Blue Shield Trio	681.49	1,362.99	1,771.88
Health Net Salud y Más	473.15	946.29	1,230.18
Health Net SmartCare	780.26	1,560.52	2,028.68
Kaiser	734.18	1,468.35	1,908.86
PERS Platinum	880.64	1,761.27	2,289.66
PERS Gold	587.07	1,174.14	1,526.39
PORAC	790.50	1,504.50	1,931.88
UnitedHealthcare Alliance	787.29	1,574.57	2,046.95
UnitedHealthcare Harmony	728.57	1,457.13	1,894.27

CalPERS 2022 Regional COBRA Health Premiums

Effective Date: January 1, 2022

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

Out of State Basic Monthly COBRA Premiums			
Plan	Single	2-Party	Family
Kaiser¹	\$1,161.73	\$2,323.46	\$3,020.50
PERS Platinum	864.66	1,729.33	2,248.13
PORAC	916.98	1,936.98	2,267.46

¹These premiums cover all Kaiser out-of-state areas.