

# 2023 Health Premium Rates

## 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

| Basic Plan Rates              |            |            |            | Medicare Plan Rates **                   |          |            |            |
|-------------------------------|------------|------------|------------|--|----------|------------|------------|
| Plan Name                     | Single     | 2 Party    | Family     | Plan Name                                | Single   | 2 Party    | Family     |
| Anthem Select HMO             | \$1,128.83 | \$2,257.66 | \$2,934.96 | Anthem Medicare Preferred                | \$413.59 | \$827.18   | \$1,240.77 |
| Anthem Traditional HMO        | \$1,210.71 | \$2,421.42 | \$3,147.85 |  |          |            |            |
| Blue Shield Access + HMO      | \$1,035.21 | \$2,070.42 | \$2,691.55 | Blue Shield Medicare PPO                 | \$361.90 | \$723.80   | \$1,085.70 |
| Blue Shield Access + EPO*     | \$1,035.21 | \$2,070.42 | \$2,691.55 |  |          |            |            |
| Blue Shield Trio HMO*         | \$888.94   | \$1,777.88 | \$2,311.24 |  |          |            |            |
| Health Net SmartCare HMO      | \$1,174.50 | \$2,349.00 | \$3,053.70 |  |          |            |            |
| Kaiser Permanente HMO         | \$913.74   | \$1,827.48 | \$2,375.72 | Kaiser Senior Advantage                  | \$283.25 | \$566.50   | \$849.75   |
|                               |            |            |            | Kaiser Senior Advantage Summit           | \$336.29 | \$672.58   | \$1,008.87 |
| Western Health Advantage      | \$760.17   | \$1,520.34 | \$1,976.44 | Western Health Advant. Mycare Select HMO | \$331.11 | \$662.22   | \$993.33   |
| UnitedHealthcare Alliance HMO | \$1,044.07 | \$2,088.14 | \$2,714.58 | UnitedHealthcare Group Advantage PPO     | \$299.68 | \$599.36   | \$899.04   |
|                               |            |            |            | UnitedHealthcare Advantage Edge PPO      | \$357.70 | \$715.40   | \$1,073.10 |
| Anthem EPO Del Norte*         | \$1,200.12 | \$2,400.24 | \$3,120.31 |  |          |            |            |
| PERS Platinum                 | \$1,200.12 | \$2,400.24 | \$3,120.31 | PERS Platinum Medicare Supplement        | \$420.02 | \$840.04   | \$1,260.06 |
| PERS Gold                     | \$825.61   | \$1,651.22 | \$2,146.59 | PERS Gold Medicare Supplement            | \$392.71 | \$785.42   | \$1,178.13 |
| PORAC                         | \$825.00   | \$1,875.00 | \$2,300.00 | PORAC Medicare Supplement                | \$465.00 | \$1,030.00 | \$1,395.00 |

## Region 2

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

| Basic Plan Rates              |            |            |            | Medicare Plan Rates **                    |          |            |            |
|-------------------------------|------------|------------|------------|---|----------|------------|------------|
| Plan Name                     | Single     | 2 Party    | Family     | Plan Name                                 | Single   | 2 Party    | Family     |
| Anthem Select HMO             | \$765.37   | \$1,530.74 | \$1,989.96 | Anthem Medicare Preferred PPO             | \$413.59 | \$827.18   | \$1,240.77 |
| Anthem Traditional HMO        | \$935.12   | \$1,870.24 | \$2,431.31 |   |          |            |            |
| Blue Shield Access + HMO      | \$842.61   | \$1,685.22 | \$2,190.79 | Blue Shield Medicare PPO                  | \$361.90 | \$723.80   | \$1,085.70 |
| Blue Shield Access + EPO*     | \$842.61   | \$1,685.22 | \$2,190.79 |   |          |            |            |
| Blue Shield Trio*             | \$760.71   | \$1,521.42 | \$1,977.85 |   |          |            |            |
| Health Net Salud y Más        | \$698.91   | \$1,397.82 | \$1,817.17 |   |          |            |            |
| Health Net SmartCare          | \$834.65   | \$1,669.30 | \$2,170.09 |   |          |            |            |
| Kaiser Permanente             | \$756.21   | \$1,512.42 | \$1,966.15 | Kaiser Senior Advantage                   | \$283.25 | \$566.50   | \$849.75   |
|                               |            |            |            | Kaiser Senior Advantage Summit            | \$336.29 | \$672.58   | \$1,008.87 |
| PERS Platinum                 | \$1,014.80 | \$2,029.60 | \$2,638.48 | PERS Platinum Medicare Supplement         | \$420.02 | \$840.04   | \$1,260.06 |
| PERS Gold                     | \$695.93   | \$1,391.86 | \$1,809.42 | PERS Gold Medicare Supplement             | \$392.71 | \$785.42   | \$1,178.13 |
| PORAC                         | \$820.00   | \$1,650.00 | \$2,100.00 | PORAC Medicare Supplement                 | \$465.00 | \$1,030.00 | \$1,395.00 |
| Sharp HMO*                    | \$764.96   | \$1,529.92 | \$1,988.90 | Sharp Direct Advant. Medicare Supplement* | \$249.79 | \$499.58   | \$749.37   |
| UnitedHealthcare Alliance HMO | \$793.63   | \$1,587.26 | \$2,063.44 | UnitedHealthcare Grp Medicare Advant. PPO | \$299.68 | \$599.36   | \$899.04   |
| UnitedHealthcare Harmony HMO  | \$781.58   | \$1,563.16 | \$2,032.11 | UnitedHealthcare Grp Edge Med Advant. PPO | \$357.70 | \$715.40   | \$1,073.10 |

## Region 3

Los Angeles, Riverside, San Bernardino

| Basic Plan Rates         |          |            |            | Medicare Plan Rates **         |          |          |            |
|--------------------------|----------|------------|------------|--------------------------------|----------|----------|------------|
| Plan Name                | Single   | 2 Party    | Family     | Plan Name                      | Single   | 2 Party  | Family     |
| Anthem Select HMO        | \$737.91 | \$1,475.82 | \$1,918.57 | Anthem Medicare Preferred PPO  | \$413.59 | \$827.18 | \$1,240.77 |
| Anthem Traditional HMO   | \$942.73 | \$1,885.46 | \$2,451.10 |                                |          |          |            |
| Blue Shield Access + HMO | \$738.29 | \$1,476.58 | \$1,919.55 | Blue Shield Medicare PPO       | \$361.90 | \$723.80 | \$1,085.70 |
| Blue Shield Trio* HMO    | \$661.49 | \$1,322.98 | \$1,719.87 |                                |          |          |            |
| Health Net Salud y Más   | \$606.34 | \$1,212.68 | \$1,576.48 |                                |          |          |            |
| Health Net SmartCare     | \$755.29 | \$1,510.58 | \$1,963.75 |                                |          |          |            |
| Kaiser Permanente        | \$754.64 | \$1,509.28 | \$1,962.06 | Kaiser Senior Advantage        | \$283.25 | \$566.50 | \$849.75   |
|                          |          |            |            | Kaiser Senior Advantage Summit | \$336.29 | \$672.58 | \$1,008.87 |

## 2023 Health Premium Rates

|                           |          |            |            |   |          |            |            |
|---------------------------|----------|------------|------------|---|----------|------------|------------|
| PERS Platinum             | \$992.59 | \$1,985.18 | \$2,580.73 | PERS Platinum Medicare Supplement         | \$420.02 | \$840.04   | \$1,260.06 |
| PERS Gold                 | \$680.37 | \$1,360.74 | \$1,768.96 | PERS Gold Medicare Supplement             | \$392.71 | \$785.42   | \$1,178.13 |
| PORAC                     | \$820.00 | \$1,600.00 | \$2,100.00 | PORAC Medicare Supplement                 | \$465.00 | \$1,030.00 | \$1,395.00 |
| UnitedHealthcare Alliance | \$790.46 | \$1,580.92 | \$2,055.20 | UnitedHealthcare Grp Medicare Advant. PPO | \$299.68 | \$599.36   | \$899.04   |
| UnitedHealthcare Harmony  | \$713.55 | \$1,427.10 | \$1,855.23 | UnitedHealthcare Grp Edge Med Advant. PPO | \$357.70 | \$715.40   | \$1,073.10 |

### Out of State Region

| Basic Plan Rates |            |            |            | Medicare Plan Rates **                    |          |            |            |
|------------------|------------|------------|------------|---|----------|------------|------------|
| Plan Name        | Single     | 2 Party    | Family     | Plan Name                                 | Single   | 2 Party    | Family     |
|                  |            |            |            | Blue Shield Medicare PPO                  | \$361.90 | \$723.80   | \$1,085.70 |
|                  |            |            |            | UnitedHealthcare Grp Medicare Advant. PPO | \$299.68 | \$599.36   | \$899.04   |
|                  |            |            |            | UnitedHealthcare Grp Edge Med Advant. PPO | \$357.70 | \$715.40   | \$1,073.10 |
| Kaiser*          | \$1,155.43 | \$2,310.86 | \$3,004.12 | Kaiser Senior Advantage*                  | \$274.03 | \$548.06   | \$822.09   |
| PERS Platinum    | \$1,003.90 | \$2,007.80 | \$2,610.14 | PERS Platinum Medicare Supplement         | \$420.02 | \$840.04   | \$1,260.06 |
| PORAC            | \$935.00   | \$1,899.00 | \$2,250.00 | PORAC Med Supp                            | \$465.00 | \$1,030.00 | \$1,395.00 |

### City of Newport Beach Dental & Vision Rates

| Plan Name              | Single  | 2 Party  | Family   |  |
|------------------------|---------|----------|----------|--|
| MetLife HMO            | \$14.03 | \$26.65  | \$37.17  | HMO plan is only available in California                             |
| MetLife PPO, High Plan | \$57.30 | \$116.59 | \$160.32 | \$3,000 annual maximum. Available to Retirees in & out of California |
| MetLife PPO, Low Plan  | \$38.98 | \$75.95  | \$128.53 | \$1,000 annual maximum. Only available to Retirees out of California |
| MetLife Vision PPO     | \$8.76  | \$16.79  | \$23.99  | Available in and out of California                                   |

\* Not available in all Regions. Verify with CalPERS for plan availability in your area.

\*\*Contact CalPERS for more information on enrollment, rates, Medicare combination plans, and dental/vision plan options at 888-225-7377 or

[www.calpers.ca.gov](http://www.calpers.ca.gov)

Monthly contribution toward premium for 2023 is \$151.00