

2025 Health Premium Rates

Region 1							
<i>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</i>							
Basic Plan Rates				Medicare Plan Rates**			
Plan Name	Single	2-Party	Family	Plan Name	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$ 1,256.65	\$ 2,513.30	\$ 3,267.29	Anthem Medicare Preferred PPO	\$ 487.56	\$ 975.12	\$ 1,462.68
Anthem Blue Cross Trad HMO	\$ 1,500.40	\$ 3,000.80	\$ 3,901.04				
Blue Shield Access+ HMO	\$ 1,170.17	\$ 2,340.34	\$ 3,042.44	Blue Shield Medicare PPO	\$ 448.28	\$ 896.56	\$ 1,344.84
Blue Shield Access+ EPO	\$ 1,170.17	\$ 2,340.34	\$ 3,042.44				
Blue Shield Trio HMO	\$ 1,134.79	\$ 2,269.58	\$ 2,950.45				
Kaiser Permanente	\$ 1,112.90	\$ 2,225.80	\$ 2,893.54	Kaiser Senior Advantage	\$ 343.08	\$ 686.16	\$ 1,029.24
				Kaiser Senior Advantage Summit	\$ 408.31	\$ 816.62	\$ 1,224.93
PORAC	\$ 975.00	\$ 2,218.00	\$ 2,777.00	PORAC Medicare Supplement	\$ 507.00	\$ 1,123.00	\$ 1,521.00
PERS Gold	\$ 1,013.70	\$ 2,027.40	\$ 2,635.62	PERS Gold Medicare Supplement	\$ 546.13	\$ 1,092.26	\$ 1,638.39
PERS Platinum	\$ 1,476.10	\$ 2,952.20	\$ 3,837.86	PERS Platinum Medicare Supplement	\$ 584.70	\$ 1,169.40	\$ 1,754.10
UnitedHealthcare Alliance HMO	\$ 1,184.58	\$ 2,369.16	\$ 3,079.91	UnitedHealthcare Group Advantage PPO	\$ 442.25	\$ 884.50	\$ 1,326.75
UnitedHealthcare Harmony HMO	\$ 1,005.02	\$ 2,010.04	\$ 2,613.05				
Western Health Advantage HMO	\$ 914.27	\$ 1,828.54	\$ 2,377.10				
Region 2							
<i>Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura</i>							
Basic Plan Rates				Medicare Plan Rates**			
Plan Name	Single	2-Party	Family	Plan Name	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$ 919.00	\$ 1,838.00	\$ 2,389.40	Anthem Medicare Preferred PPO	\$ 487.56	\$ 975.12	\$ 1,462.68
Anthem Blue Cross Trad HMO	\$ 1,110.97	\$ 2,221.94	\$ 2,888.52				
Blue Shield Access+ HMO	\$ 948.53	\$ 1,897.06	\$ 2,466.18	Blue Shield Medicare PPO	\$ 448.28	\$ 896.56	\$ 1,344.84
Blue Shield Access+ EPO	\$ 948.53	\$ 1,897.06	\$ 2,466.18				
Blue Shield Trio HMO	\$ 909.10	\$ 1,818.20	\$ 2,363.66				
Health Net Salud y Mas	\$ 823.49	\$ 1,646.98	\$ 2,141.07				
Kaiser Permanente	\$ 944.34	\$ 1,888.68	\$ 2,455.28	Kaiser Senior Advantage	\$ 343.08	\$ 686.16	\$ 1,029.24
				Kaiser Senior Advantage Summit	\$ 408.31	\$ 816.62	\$ 1,224.93
PORAC	\$ 970.00	\$ 1,951.00	\$ 2,484.00	PORAC Medicare Supplement	\$ 507.00	\$ 1,123.00	\$ 1,521.00
PERS Gold	\$ 864.75	\$ 1,729.50	\$ 2,248.35	PERS Gold Medicare Supplement	\$ 546.13	\$ 1,092.26	\$ 1,638.39
PERS Platinum	\$ 1,258.76	\$ 2,517.52	\$ 3,272.78	PERS Platinum Medicare Supplement	\$ 584.70	\$ 1,169.40	\$ 1,754.10
SHARP HMO (San Diego County)	\$ 868.45	\$ 1,736.90	\$ 2,257.97	SHARP Direct Advantage HMO	\$ 272.44	\$ 544.88	\$ 817.32
UnitedHealthcare Alliance HMO	\$ 890.66	\$ 1,781.32	\$ 2,315.72	UnitedHealthcare Group Advantage PPO	\$ 442.25	\$ 884.50	\$ 1,326.75
UnitedHealthcare Harmony HMO	\$ 819.64	\$ 1,639.28	\$ 2,131.06				
Region 3							
<i>Los Angeles, Riverside, San Bernardino</i>							
Basic Plan Rates				Medicare Plan Rates**			
Plan Name	Single	2-Party	Family	Plan Name	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$ 916.88	\$ 1,833.76	\$ 2,383.89	Anthem Medicare Preferred PPO	\$ 487.56	\$ 975.12	\$ 1,462.68
Anthem Blue Cross Trad HMO	\$ 1,065.46	\$ 2,130.92	\$ 2,770.20				
Blue Shield Access+ HMO	\$ 828.48	\$ 1,656.96	\$ 2,154.05	Blue Shield Medicare PPO	\$ 448.28	\$ 896.56	\$ 1,344.84
Blue Shield Trio HMO	\$ 738.11	\$ 1,476.22	\$ 1,919.09				
Health Net Salud y Mas	\$ 714.40	\$ 1,428.80	\$ 1,857.44				

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Kaiser Permanente	\$ 926.52	\$ 1,853.04	\$ 2,408.95	Kaiser Senior Advantage	\$ 343.08	\$ 686.16	\$ 1,029.24
				Kaiser Senior Advantage Summit	\$ 408.31	\$ 816.62	\$ 1,224.93
PORAC	\$ 970.00	\$ 1,951.00	\$ 2,484.00	PORAC Medicare Supplement	\$ 507.00	\$ 1,123.00	\$ 1,521.00
PERS Gold	\$ 868.15	\$ 1,736.30	\$ 2,257.19	PERS Gold Medicare Supplement	\$ 546.13	\$ 1,092.26	\$ 1,638.39
PERS Platinum	\$ 1,263.73	\$ 2,527.46	\$ 3,285.70	PERS Platinum Medicare Supplement	\$ 584.70	\$ 1,169.40	\$ 1,754.10
UnitedHealthcare Alliance HMO	\$ 866.40	\$ 1,732.80	\$ 2,252.64	UnitedHealthcare Group Advantage PPO	\$ 442.25	\$ 884.50	\$ 1,326.75
UnitedHealthcare Harmony HMO	\$ 756.28	\$ 1,512.56	\$ 1,966.33				

Out Of State

Basic Plan Rates				Medicare Plan Rates**			
Plan Name	Single	2-Party	Family	Plan Name	Single	2-Party	Family
Kaiser Permanente - Colorado	\$ 1,422.26	\$ 2,844.52	\$ 3,697.88	Kaiser Senior Advantage - Colorado	\$ 336.72	\$ 673.44	\$ 1,010.16
				Kaiser Advantage Summit - Colorado	\$ 401.97	\$ 803.94	\$ 1,205.91
Kaiser Permanente - Georgia	\$ 1,422.26	\$ 2,844.52	\$ 3,697.88	Kaiser Senior Advantage - Georgia	\$ 336.72	\$ 673.44	\$ 1,010.16
				Kaiser Advantage Summit - Georgia	\$ 401.97	\$ 803.94	\$ 1,205.91
Kaiser Permanente - Hawaii	\$ 1,422.26	\$ 2,844.52	\$ 3,697.88	Kaiser Senior Advantage - Hawaii	\$ 336.72	\$ 673.44	\$ 1,010.16
				Kaiser Advantage Summit - Hawaii	\$ 401.97	\$ 803.94	\$ 1,205.91
Kaiser Permanente - MidAtlantic*	\$ 1,422.26	\$ 2,844.52	\$ 3,697.88	Kaiser Senior Advantage - MidAtlantic*	\$ 336.72	\$ 673.44	\$ 1,010.16
				Kaiser Advantage Summit - MidAtlantic*	\$ 401.97	\$ 803.94	\$ 1,205.91
Kaiser Permanente - Northwest**	\$ 1,422.26	\$ 2,844.52	\$ 3,697.88	Kaiser Senior Advantage - Northwest**	\$ 336.72	\$ 673.44	\$ 1,010.16
				Kaiser Advantage Summit - Northwest**	\$ 401.97	\$ 803.94	\$ 1,205.91
Kaiser Permanente - Washington	\$ 1,422.26	\$ 2,844.52	\$ 3,697.88	Kaiser Senior Advantage - Washington	\$ 336.72	\$ 673.44	\$ 1,010.16
				Kaiser Advantage Summit - Washington	\$ 401.97	\$ 803.94	\$ 1,205.91
PORAC	\$ 1,106.00	\$ 2,246.00	\$ 2,661.00	PORAC Medicare Supplement	\$ 507.00	\$ 1,123.00	\$ 1,521.00
PERS Platinum (PA)	\$ 1,244.55	\$ 2,489.10	\$ 3,235.83	PERS Platinum Medicare Supplement	\$ 584.70	\$ 1,169.40	\$ 1,754.10
PERS Platinum (State)	\$ 1,335.30	\$ 2,670.60	\$ 3,471.78				
				Blue Shield Medicare PPO	\$ 448.28	\$ 896.56	\$ 1,344.84
				UnitedHealthcare Advantage PPO	\$ 442.25	\$ 884.50	\$ 1,326.75

City of Newport Beach Dental & Vision Rates

Plan Name	Single	2-Party	Family	
Delta Dental HMO	\$16.11	\$30.59	\$42.67	<i>HMO plan is only available in California.</i>
Delta Dental PPO, High Plan	\$55.25	\$112.45	\$154.58	<i>\$3,000 annual maximum. Available to retirees in and out of California.</i>
Delta Dental PPO, Low Plan	\$35.79	\$69.74	\$118.03	<i>\$1,000 annual maximum. Only available to retirees out of California.</i>
VSP Vision PPO	\$8.92	\$17.83	\$28.71	<i>Available in and out of California.</i>

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

Monthly Contribution toward premium for 2025 is \$158.00

*Kaiser Permanente - MidAtlantic Region includes District of Columbia, Maryland, and Virginia

**Kaiser Permanente - Northwest Region includes Oregon and Washington