

2021 Health Premium Rates

Region 1

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marlin, 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 EPO Del Norte	\$935.84	\$1,871.68	\$2,433.18				
Anthem HMO Select	\$925.60	\$1,851.20	\$2,406.56	Anthem Select Med Pref. Health only	\$383.37	\$766.74	\$1,150.11
				Anthem Select Med Pref. Health/Dental/Vision(1)	\$383.37	\$766.74	\$1,150.11
Anthem HMO Traditional	\$1,307.86	\$2,615.72	\$3,400.44	Anthem Traditional Med Pref. Health only	\$383.37	\$766.74	\$1,150.11
				Anthem Traditional Med Pref. Health/Dental/Vision(1)	\$383.37	\$766.74	\$1,150.11
Blue Shield Access +	\$1,170.08	\$2,340.16	\$3,042.21				
Blue Shield EPO	\$1,170.08	\$2,340.16	\$3,042.21				
Blue Shield Trio HMO	\$880.50	\$1,761.00	\$2,289.30				
Health Net SmartCare HMO	\$1,120.21	\$2,240.42	\$2,912.55				
Kaiser Permanente HMO	\$813.64	\$1,627.28	\$2,115.46	Kaiser Senior Advantage	\$324.48	\$648.96	\$973.44
				Kaiser Senior Advantage w/Dental (2)	\$324.48	\$648.96	\$973.44
PERS Choice	\$935.84	\$1,871.68	\$2,433.18	PERS Choice Med Supp	\$349.97	\$699.94	\$1,049.91
PERS Select	\$566.67	\$1,133.34	\$1,473.34	PERS Select Med Supp	\$349.97	\$699.94	\$1,049.91
PERSCare	\$1,294.69	\$2,589.38	\$3,366.19	PERSCare Med Supp	\$381.25	\$762.50	\$1,143.75
PORAC Region 1	\$799.00	\$1,725.00	\$2,199.00	PORAC Region 1 Med Supp	\$513.00	\$1,022.00	\$1,635.00
Unite Healthcare	\$941.17	\$1,882.34	\$2,447.04	UnitedHealthcare Grp Med Adv/PPO Health Only	\$311.56	\$623.12	\$934.68
				UnitedHealthcare Grp Med Adv/PPO Health/Dental/Vision(3)	\$311.56	\$623.12	\$934.68
Western Health Advantage	\$757.02	\$1,514.04	\$1,968.25				

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 HMO Select	\$674.69	\$1,349.38	\$1,754.19	Anthem Select & Medicare Preferred	\$383.37	\$766.74	\$1,150.11
Anthem HMO Traditional	\$1,046.04	\$2,092.08	\$2,719.70	Anthem Select & Medicare Pref. Health/Dental/Vision(1)	\$383.37	\$766.74	\$1,150.11
				Anthem Medicare Preferred Health/Dental/Vision(1)	\$383.37	\$766.74	\$1,150.11
Blue Shield Access +	\$938.96	\$1,877.92	\$2,441.30				
Blue Shield Trio***	\$722.56	\$1,445.12	\$1,878.66				
Health Net Salud y Más	\$458.66	\$917.32	\$1,192.52				
Health Net SmartCare	\$769.11	\$1,538.22	\$1,999.69				
Kaiser Permanente	\$669.77	\$1,339.54	\$1,741.40	Kaiser Senior Adv.	\$324.48	\$648.96	\$973.44
				Kaiser Senior Adv/Dental(2)	\$324.48	\$648.96	\$973.44
PERS Choice	\$783.19	\$1,566.38	\$2,036.29	PERS Choice Med Supp	\$349.97	\$699.94	\$1,049.91
PERS Select	\$476.92	\$953.84	\$1,239.99	PERS Select Med Supp	\$349.97	\$699.94	\$1,049.91
PERSCare	\$1,115.68	\$2,231.36	\$2,900.77	PERSCare Med Supp	\$381.25	\$762.50	\$1,143.75
PORAC Region 2	\$749.00	\$1,499.00	\$1,960.00	PORAC Region 2 Med Supp	\$513.00	\$1,022.00	\$1,635.00
Sharp	\$632.27	\$1,264.54	\$1,643.90	Sharp Direct Advantage & same with dental option (4&5)	\$244.39	\$488.78	\$733.17
UnitedHealthcare	\$723.84	\$1,447.68	\$1,881.98	UnitedHealthcare Grp Med Adv/PPO Health only	\$311.56	\$623.12	\$934.68
				UnitedHealthcare Grp Med Adv/PPO Health/Dental/Vision(3)	\$311.56	\$623.12	\$934.68

2021 Health Premium Rates

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 HMO Select	\$639.10	\$1,278.20	\$1,661.66	Anthem Select & Medicare Preferred	\$383.37	\$766.74	\$1,150.11
Anthem HMO Traditional	\$984.21	\$1,968.42	\$2,558.95	Anthem Select & Medicare Pref. Health/Dental/Vision(1)	\$383.37	\$766.74	\$1,150.11
				Anthem Medicare Preferred	\$383.37	\$766.74	\$1,150.11
				Anthem Medicare Preferred Health/Dental/Vision(1)	\$383.37	\$766.74	\$1,150.11
Blue Shield Access +	\$834.88	\$1,669.76	\$2,170.69				
Blue Shield Trio	\$660.49	\$1,320.98	\$1,717.27				
Health Net Salud y Más	\$412.88	\$825.76	\$1,073.49				
Health Net SmartCare	\$691.48	\$1,382.96	\$1,797.85				
Kaiser Permanente	\$669.84	\$1,339.68	\$1,741.58	Kaiser Senior Adv.	\$324.48	\$648.96	\$973.44
				Kaiser Senior Adv/Dental(2)	\$324.48	\$648.96	\$973.44
PERS Choice	\$761.23	\$1,522.46	\$1,979.20	PERS Choice Med Sup	\$349.97	\$699.94	\$1,049.91
PERS Select	\$459.94	\$919.88	\$1,195.84	PERS Select Med Sup	\$349.97	\$699.94	\$1,049.91
PERSCare	\$1,036.07	\$2,072.14	\$2,693.78	PERSCare Med Sup	\$391.25	\$762.50	\$1,143.75
PORAC Region 3	\$725.00	\$1,450.00	\$1,894.00	PORAC Region 3 Med Supp	\$513.00	\$1,022.00	\$1,635.00
UnitedHealthcare	\$720.89	\$1,441.78	\$1,874.31	UnitedHealthcare Grp Med Adv/PPO Health only	\$311.56	\$623.12	\$934.68
				UnitedHealthcare Grp Med Adv/PPO Health/Dental/Vision(3)	\$311.56	\$623.12	\$934.68

Out of State Region

Basic Plan Rates				Medicare Plan Rates *			
Plan Name	Single	2 Party	Family	Plan Name	Single	2 Party	Family
Kaiser**	\$1,040.15	\$2,080.30	\$2,704.39	Kaiser**	\$317.48	\$634.96	\$952.44
PERS Choice	\$760.17	\$1,520.34	\$1,976.44	PERS Choice Med Supp	\$349.97	\$699.94	\$1,049.91
PERSCare	\$1,008.08	\$2,016.16	\$2,621.01	PERSCare Med Supp	\$381.25	\$762.50	\$1,143.75
PORAC	\$899.00	\$1,850.00	\$2,223.00	PORAC Med Supp	\$513.00	\$1,022.00	\$1,635.00
				UnitedHealthcare Grp Med Adv/PPO Health Only	\$311.56	\$623.12	\$934.68
				UnitedHealthcare Grp Med Adv/PPO Health/Dental/Vision(3)	\$311.56	\$623.12	\$934.68

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	\$54.57	\$111.04	\$152.69	\$3,000 annual maximum. Available to Retirees in & out of California
MetLife PPO, Low Plan	\$37.12	\$72.33	\$122.41	\$1,000 annual maximum. Only available to Retirees out of California
MetLife Vision PPO	\$8.76	\$16.79	\$23.99	

* Contact CalPERS for Medicare Combination Rates at 888-225-7377 or www.calpers.ca.gov

** Colorado, Georgia, Hawaii, MidAtlantic, Northwest & Washington

*** Blue Shield Trio is only available in San Luis Obispo, Santa Barbara, and Ventura

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

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

(3) Dental and vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.

(4) Dental option is an additional \$12.00 per member per month premium. You will be billed directly for this amount.