

2021 CalPERS Health Premiums

For Public Agency and School Members



With more than 50 years' experience purchasing health care benefits for California's public employees, we put our expertise and influence to work delivering access to exceptional health care for you and your family. Our premiums are competitively priced, with a variety of plan choices to help meet your health care needs. The monthly premiums for 2021 reflect our dedication to provide you with high-quality, comprehensive health coverage.

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



2021 Basic and Medicare Plan Premiums

BASIC HMO PLANS	Region 1		
	Single	2-Party	Family
Anthem Blue Cross EPO Del Norte	\$935.84	\$1,871.68	\$2,433.18
Anthem Blue Cross Select HMO	925.60	1,851.20	2,406.56
Anthem Blue Cross Traditional HMO	1,307.86	2,615.72	3,400.44
Blue Shield Access+ EPO	1,170.08	2,340.16	3,042.21
Blue Shield Access+ HMO	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	813.64	1,627.28	2,115.46
UnitedHealthcare SignatureValue Alliance HMO	941.17	1,882.34	2,447.04
Western Health Advantage HMO	757.02	1,514.04	1,968.25
BASIC PPO PLANS	Single	2-Party	Family
PERS Choice	\$935.84	\$1,871.68	\$2,433.18
PERS Select	566.67	1,133.34	1,473.34
PERSCare	1,294.69	2,589.38	3,366.19
PORAC	799.00	1,725.00	2,199.00

BASIC HMO PLANS	Region 2		
	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$674.69	\$1,349.38	\$1,754.19
Anthem Blue Cross Traditional HMO	1,046.04	2,092.08	2,719.70
Blue Shield Access+ HMO	938.96	1,877.92	2,441.30
Blue Shield Trio HMO	722.56	1,445.12	1,878.66
Health Net Salud y Más HMO	458.66	917.32	1,192.52
Health Net SmartCare HMO	769.11	1,538.22	1,999.69
Kaiser Permanente	669.77	1,339.54	1,741.40
Sharp Performance Plus HMO	632.27	1,264.54	1,643.90
UnitedHealthcare SignatureValue Alliance HMO	723.84	1,447.68	1,881.98
BASIC PPO PLANS	Single	2-Party	Family
PERS Choice	\$783.19	\$1,566.38	\$2,036.29
PERS Select	476.92	953.84	1,239.99
PERSCare	1,115.68	2,231.36	2,900.77
PORAC	749.00	1,499.00	1,960.00

BASIC HMO PLANS	Region 3		
	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$639.10	\$1,278.20	\$1,661.66
Anthem Blue Cross Traditional HMO	984.21	1,968.42	2,558.95
Blue Shield Access+ HMO	834.88	1,669.76	2,170.69
Blue Shield Trio HMO	660.49	1,320.98	1,717.27
Health Net Salud y Más HMO	412.88	825.76	1,073.49
Health Net SmartCare HMO	691.48	1,382.96	1,797.85
Kaiser Permanente	669.84	1,339.68	1,741.58
UnitedHealthcare SignatureValue Alliance HMO	720.89	1,441.78	1,874.31
BASIC PPO PLANS	Single	2-Party	Family
PERS Choice	\$761.23	\$1,522.46	\$1,979.20
PERS Select	459.94	919.88	1,195.84
PERSCare	1,036.07	2,072.14	2,693.78
PORAC	725.00	1,450.00	1,894.00

Out of State			
	Single	2-Party	Family
BASIC HMO PLANS			
Kaiser Out of State <i>(in select areas only)</i>	\$1,040.15	\$2,080.30	\$2,704.39
BASIC PPO PLANS			
PERS Choice	\$760.17	\$1,520.34	\$1,976.44
PERSCare	1,008.08	2,016.16	2,621.01
PORAC	899.00	1,850.00	2,233.00

All Regions			
	Single	2-Party	Family
MEDICARE PLANS			
Anthem Select Medicare Preferred PPO ¹ <i>(not available Out of State)</i>	\$383.37	\$766.74	\$1,150.11
Anthem Medicare Preferred PPO ¹ <i>(not available Out of State)</i>	383.37	766.74	1,150.11
Kaiser Permanente Senior Advantage ²	324.48	648.96	973.44
Kaiser Permanente Senior Advantage - Out of State <i>(in select areas only)</i>	317.48	634.96	952.44
UnitedHealthcare Group Medicare Advantage PPO ³	311.56	623.12	934.68
PERS Choice Medicare Supplement PPO	349.97	699.94	1,049.91
PERS Select Medicare Supplement PPO <i>(not available Out of State)</i>	349.97	699.94	1,049.91
PERSCare Medicare Supplement PPO	381.25	762.50	1,143.75
PORAC Medicare Supplement PPO	513.00	1,022.00	1,635.00
Sharp Direct Advantage PPO ⁴ <i>(San Diego County only)</i>	244.39	488.78	733.17

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 benefit is an additional \$15.05 per member per month. The plan will bill you directly for this amount.

³ Dental and Vision coverage is an additional \$25.55 per member per month. The plan will bill you directly for this amount.

⁴ Dental benefit is an additional \$12.00 per member per month. The plan will bill you directly for this amount.

Public agency and school health regions by county

Region 1

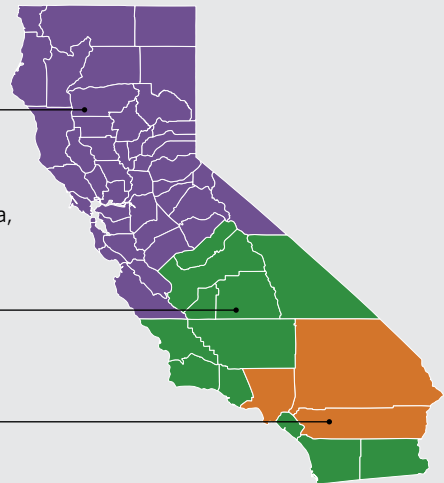
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, 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.

2021 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.

	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 1					
Anthem Del Norte and Medicare Preferred	\$1,285.81	\$1,847.31	\$1,261.44	\$1,285.81	\$1,635.78	\$1,847.31
Anthem HMO Select and Medicare Preferred ¹	1,308.97	1,864.33	1,322.10	1,308.97	1,692.34	1,864.33
Anthem HMO Traditional and Medicare Preferred ¹	1,691.23	2,475.95	1,551.46	1,691.23	2,074.60	2,475.95
Kaiser Permanente and Senior Advantage ²	1,138.12	1,626.30	1,137.14	1,138.12	1,462.60	1,626.30
UnitedHealthcare and Medicare Advantage ³	1,252.73	1,817.43	1,187.82	1,252.73	1,564.29	1,817.43

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,285.81	\$1,847.31	\$1,261.44	\$1,285.81	\$1,635.78	\$1,847.31
PERS Select and Medicare Supplement	916.64	1,256.64	1,039.94	916.64	1,266.61	1,256.64
PERSCare and Medicare Supplement	1,675.94	2,452.75	1,539.31	1,675.94	2,057.19	2,452.75
PORAC and Medicare Supplement	1,439.00	1,913.00	1,496.00	1,308.00	1,825.00	1,782.00

BASIC HMO + MEDICARE PLANS	Region 2					
Anthem HMO Select and Medicare Preferred	\$1,058.06	\$1,462.87	\$1,171.55	\$1,058.06	\$1,441.43	\$1,462.87
Anthem HMO Traditional and Medicare Preferred ¹	1,429.41	2,057.03	1,394.36	1,429.41	1,812.78	2,057.03
Kaiser Permanente and Senior Advantage ²	994.25	1,396.11	1,050.82	994.25	1,318.73	1,396.11
Sharp Performance Plus and Direct Advantage ⁴	876.66	1,256.02	868.14	876.66	1,121.05	1,256.02
UnitedHealthcare and Medicare Advantage ³	1,035.40	1,469.70	1,057.42	1,035.40	1,346.96	1,469.70

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,133.16	\$1,603.07	\$1,169.85	\$1,133.16	\$1,483.13	\$1,603.07
PERS Select and Medicare Supplement	826.89	1,113.04	986.09	826.89	1,176.86	1,113.04
PERSCare and Medicare Supplement	1,496.93	2,166.34	1,431.91	1,496.93	1,878.18	2,166.34
PORAC and Medicare Supplement	1,326.00	1,810.00	1,557.00	1,321.00	1,775.00	1,805.00

BASIC HMO + MEDICARE PLANS	Region 3					
Anthem HMO Select and Medicare Preferred	\$1,022.47	\$1,405.93	\$1,150.20	\$1,022.47	\$1,405.84	\$1,405.93
Anthem HMO Traditional and Medicare Preferred ¹	1,367.58	1,958.11	1,357.27	1,367.58	1,750.95	1,958.11
Kaiser Permanente and Senior Advantage ²	994.32	1,396.22	1,050.86	994.32	1,318.80	1,396.22
UnitedHealthcare and Medicare Advantage ³	1,032.45	1,464.98	1,055.65	1,032.45	1,344.01	1,464.98

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,111.20	\$1,567.94	\$1,156.68	\$1,111.20	\$1,461.17	\$1,567.94
PERS Select and Medicare Supplement	809.91	1,085.87	975.90	809.91	1,159.88	1,085.87
PERSCare and Medicare Supplement	1,417.32	2,038.96	1,384.14	1,417.32	1,798.57	2,038.96
PORAC and Medicare Supplement	1,274.00	1,793.00	1,593.00	1,268.00	1,847.00	1,678.00

BASIC HMO + MEDICARE PLANS	Out of State					
Kaiser Permanente and Senior Advantage Out of State	\$1,357.63	\$1,981.72	\$1,259.05	\$1,357.63	\$1,675.11	\$1,981.72

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,110.14	\$1,566.24	\$1,156.04	\$1,110.14	\$1,460.11	\$1,566.24
PERSCare and Medicare Supplement	1,389.33	1,994.18	1,367.35	1,389.33	1,770.58	1,994.18
PORAC and Medicare Supplement	1,412.00	1,837.00	1,395.00	1,412.00	1,925.00	1,781.00

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