

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,

Blue Shield	504	1										
Anthem Blue Cross Select Medicare Preferred with Dental/Vision <sup>1</sup>	459	1	4		459	2	5		459	3	6	
Anthem Blue Cross Medicare Preferred	515	1	4		515	2	5		515	3	6	
Anthem Blue Cross Medicare Preferred with Dental/Vision <sup>1</sup>	512	1	4		512	2	5		512	3	6	
Blue Shield Medicare	011	1	4		011	2	5		011	3	6	
Blue Shield Medicare with Dental/Vision <sup>2</sup>	016	1	4		016	2	5		016	3	6	
Kaiser Permanente Senior Advantage	585	1	4	585.30	585	2	5	585.30	585	3	6	
<b>Total</b>	<b>883.95</b>	<b>579</b>	<b>3</b>	<b>6</b>	<b>883.95</b>	<b>579</b>	<b>3</b>	<b>6</b>	<b>883.95</b>	<b>579</b>	<b>3</b>	<b>6</b>

UnitedHealthcare Medicare Advantage with Dental/Vision <sup>4</sup>	294.65	585	1	4	589.30	585	2	5	883.95	585	3	6
Western Health Advantage Medicare Advantage	314.94	035	1	4	629.88	035	2	5	944.82	035	3	6

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

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

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

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

<sup>4</sup>Dental 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

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	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Blue Shield Access+ EPO and Medicare	\$1,469.12		092	7	10							