



SOLANO
COUNTY

Department of Human Resources

Retiree Informational Packet 2024

revised 12/21/2023

RETIREE HEALTH OPTIONS

Effective January 1, 2024

Please read this information carefully and completely. It explains your options for continuation of health benefits into Retirement.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Solano County is required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) to notify you of your right to continue your current medical, dental, vision, and EAP coverage for up to 18 months. You will receive your COBRA continuation of coverage notification from our administrator, Navia Benefit Solutions within 14 days of notification from the County of your retirement. If you have not received this information within the 14 days, please contact your Human Resources Assistant. If you do not wish to elect continuation coverage, please disregard the COBRA notification.

The cost for continuation coverage is equal to the plan premium plus a 2% administrative fee. Continuation coverage and monthly premiums are administered by Navia Benefit Solutions.

Dental, Vision, EAP, and Health FSA

If you are enrolled and elect to continue dental, vision, EAP, or Health FSA coverage, please complete the COBRA continuation election form and return it to Navia Benefit Solutions. Your completed election form and payments for dental, vision, EAP, or Health FSA coverage must be sent directly to Navia Benefit Solutions.

Medical Insurance (Non-Medicare Eligible)

As a Retiree of Solano County, you may continue medical plan coverage with the premiums deducted from your monthly CalPERS retirement allowance. The cost of your health coverage is shown on the attached Retiree Monthly Premium Schedule.

Important Note: If you elect health plan coverage as a retiree and have questions about your health insurance plan, YOU MUST CONTACT the health care provider directly. The phone numbers are attached for your convenience. The retiree health insurance arrangement is between the retiree and the health care provider.

- **CalPERS Basic Health Plans:** Employees **not eligible for Medicare** that are enrolled in a CalPERS health insurance plan at the time of retirement who wish to continue coverage, no further paperwork is necessary. Effective January 1, 2024, Health Net SmartCare is no longer be available.

The County will contribute the current minimum employer contribution (MEC) towards your premium, which is **\$157 for 2024**. The balance of the monthly premium will be deducted from your CalPERS retirement allowance. If you **do not** wish to continue your medical coverage, you **must** submit an HBD-30 form to Human Resources prior to retirement to cancel your coverage. If you decide to cancel your coverage after retirement, you must call CalPERS. If you are moving out of state after retirement, please contact CalPERS to change your address and/or medical plan.

Medical Insurance (Medicare Eligible)

Important Note: You will receive a notice from CalPERS four months prior to the month you turn age 65. If you are retired, or have initiated the process of retiring from active employment, you will also receive a Certification of Medicare Status form to provide proof of your Medicare status that must be completed when you become eligible for Medicare Parts A and B. You **MUST enroll in Medicare** and notify CalPERS in order to receive the Supplemental/Managed Medicare Monthly Rate. You will also need to submit a copy of your Medicare card or SSA documentation. Please be aware that the reduced rate will take effect the first of the month following the date the health care provider receives the information. If you fail to notify CalPERS of your Medicare eligibility, you **will lose** your CalPERS medical coverage. Please contact CalPERS for more information.

- **CalPERS Supplemental/Managed or Combination Health Plans:** CalPERS offers Medicare health plans through Anthem Select Medicare Preferred PPO, Anthem Blue Cross Medicare Preferred (PPO), Blue Shield Medicare (PPO), Kaiser Permanente Senior Advantage, UnitedHealthcare Group Medicare Advantage (PPO), UnitedHealthcare Group Medicare Advantage Edge (PPO), Western Health Advantage MyCare Select HMO, PERS Gold Medicare Supplement, PERS Platinum Medicare Supplement, and PORAC Medicare Supplement. Employees or spouses that are eligible for Medicare may request a change in health plan at the time of Medicare enrollment. You will need to submit a copy of your Medi-care Card (eligible employee or spouse) with a CalPERS Health Benefit Plan Enrollment for Retirees and Survivors (HBD-30) with your change in Health Plan to CalPERS or CalPERS Certification of Medicare Status Form. Review your enrollment materials carefully as you may be required to submit information directly to your health plan to complete your enrollment.

If you/spouse/or dependents are Medicare-eligible?

You can choose to stay in the corresponding Medicare health plan for your current health carrier or you can change your health plan to any of the eligible Supplement/Managed Medicare Plans offered by CalPERS. For Health plan availability by county, please refer to the 2024 Health Benefit Summary or myCalPERS.

You can choose one of these plans by submitting your request to your Human Resources Representative or by contacting:

CalPERS Member Account Management Division
Attn: Medicare Administration
P.O. Box 942715
Sacramento, CA 94229-2715

Or via phone by calling CalPERS at 888 CalPERS (or 888-225-7377).

***Anthem Traditional** offers two health plan options. (1) Health Only is available to State and contracting agency retirees. (2) Health/Dental/Vision is only available to Medicare retirees from contracting agencies for an additional \$38.00 premium per Medicare member, per month paid directly to Anthem Blue Cross. For additional information regarding benefits contact Anthem Blue Cross at (833) 848-8730.

****Blue Shield Medicare PPO** offers two health plan options. (1) Health Only is available to State and contracting agency retirees. (2) Health/Dental/Vision is only available to Medicare retirees from contracting agencies for an additional \$38.00 premium for 2023 (\$39.14 for 2024) per Medicare member, per month paid directly to Blue Shield of California. For additional information regarding benefits contact (888) 802-4599.

*****KPSA** offers two health plan options. (1) Health Only is available to State and contracting agency retirees. (2) Health/Dental is only available to Medicare retirees from contracting agencies for an additional \$15.05 for 2023 (\$15.66 for 2024) premium per Medicare member, per month paid directly to Delta Dental. Dental benefits are offered separately by Delta Dental. For more information regarding dental benefits contact Delta Dental at (866) 257-4399

****** UHC Group Medicare Advantage** offers two health plan options. (1) Health Only is available to State and contracting agency retirees. (2) Health/Dental/Vision is only available to Medicare retirees from contracting agencies for an additional premium \$25.55 for 2023 (\$27.04 for 2024) per Medicare member, per month paid directly to UHC. For additional information regarding benefits contact UHC at (888) 867-5581.

For 2024 rates for CalPERS medical plans with dental and vision options see the CalPERS website for Plans and Rates for Public Agencies at:

www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates

Enrolling for Individual Health Insurance Through CoveredCA

You have a maximum period of 60 days from the date of your loss of group health insurance to enroll in coverage through CoveredCA online at www.HealthCare.gov or by calling 1-800-318-2596. Just like health insurance continuation coverage, if you fail to enroll in coverage during this 60-day window, then your rights to enroll will cease at that time. You will then in general have to wait until the next Marketplace open enrollment period.

Special Enrollment Outside of Open Enrollment: If you elect continuation coverage or fail to enroll in a health plan during the initial 60 day eligibility period, you may have the opportunity to enroll prior to the next Marketplace open enrollment period if you experience a "special enrollment period" or what some call a "life event" such as getting married, having a baby or adopting a child. In addition, if you elect and then exhaust your health insurance continuation coverage through Solano County, you would then also be eligible to enroll in a plan through the Marketplace. If your continuation coverage is cancelled as a result of a failure to pay the required premiums, that is not a special enrollment and you could end up without insurance.

Special Enrollment Opportunity for Another Employer Group Health Plan: Additionally, you may qualify for a special enrollment opportunity for another employer's group health plan for which you are eligible (such as a spouse's plan), if you request enrollment within 30 days of your loss of coverage date. If another employer group health plan is available, please contact them directly for their special enrollment procedures. If a qualified beneficiary chooses to elect continuation coverage instead of enrolling in another group health plan for which you are eligible, you will have another opportunity to enroll in the other group health plan within 30 days of exhaustion of your continuation coverage.

Some Factors to Consider When Choosing Health Insurance Coverage Options

When considering your health insurance options, such as continuation coverage with Solano County, purchasing a plan through CoveredCA, or enrolling in another employer's group health plan, you should compare and choose the option that is best for you. Here are a few things to consider when making your decision because once you have made your choice, it can be difficult or impossible to switch to another coverage option.

Premiums: If you elect to continue your health insurance with Solano County, the premium will amount would be the difference of the premium minus the Minimum Employer Contribution (MEC). **You will not receive the MEC towards your health premium if you enroll in other plan options such as through the Marketplace or with a spouse's plan may be expensive.**

Out-Of-Pocket Expenses: Different plans require different deductibles, copays and out-of-pocket expenses as you use your benefits. Comparing these expenses is extremely important in making your health insurance decision. For example, one option may have lower monthly premium but have a high deductible and copayment amounts. Or, another plan may have a low monthly premium, but you have already met your annual deductible and coinsurance maximums under your coverage with the plan administrator.

Prescription Drug Benefits: If you are currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. Confirm your current medications are covered by the other plan.

Doctor's and Other Provider Networks: If you are currently getting care or treatment for a condition, a change in your health coverage may affect your access to a health care provider. Verify your current health care providers participate in a new plan's network.

Service Areas: *Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. Does the plan you are thinking of purchasing have a service or coverage area limitation?*

Severance Payments: *If you lost your job and are being offered a severance package from your former employer in which they have agreed to pay some or all of your continuation coverage payments for a period of time, be advised that when the payments end under the severance agreement that is NOT a special enrollment opportunity to purchase insurance through CoveredCA.*

The above list is not all inclusive but a few of the important considerations when making a decision to enroll and purchase a health insurance plan. Your decision should be made upon careful deliberation after reviewing all of the information available from Solano County, insurance professionals, the Department of Labor at 1-866-444-3272, or at www.HealthCare.gov or by calling them at 1-800-318- 2596.

Dental Insurance

UnitedHealthcare Dental Your options are:

1. Enroll in the UnitedHealthcare Dental Plan for Retirees. **NOTE: This coverage is not the same as the coverage you have as a County employee and is only available in California.** Obtain the following forms from Human Resources:
 - a. New enrollment form
 - b. An authorization form to deduct monthly premiums from your CalPERS retirement allowance.
2. Enroll in COBRA continuation coverage for up to 18 months through our COBRA Administrator, Navia Business Solutions. This level of coverage will remain the same as your current dental coverage but is **only available in California**. After 18 months your dental coverage will end.

► Once the 18 months have ended, UnitedHealthcare Dental members can transfer to the "United HealthCare Plan for Retirees" as described above and **will only be available in California**

To ensure continuous coverage until UnitedHealthcare Dental can coordinate your monthly premium deduction with CalPERS, return the required forms along with a **check made payable to UnitedHealthcare Dental** for two months' premiums to Human Resources, 675 Texas St, Ste 1800, Fairfield, CA 94533.

Once enrolled in the UnitedHealthcare Dental, any changes in enrollment (additions, deletions, cancellations or address changes) must be sent to Solano County Human Resources, 675 Texas St, Suite 1800, Fairfield, CA 94533.

Delta Dental Enhanced Your options are:

1. Enroll in United Healthcare Dental for Retirees. Refer to the UnitedHealthcare Schedule of Benefits for a description of this coverage, which you can request from Human Resources. See instructions above, UnitedHealthcare Dental section 1.
2. Enroll in COBRA continuation coverage for up to 18 months through our COBRA Administrator, Navia Business Solutions. This level of coverage will remain the same as your current dental coverage. After 18 months your dental coverage will end.
3. Once the 18 months have ended, retirees have the following options:

► Convert to an individual plan through DeltaCare USA which is a Delta Dental HMO plan. **This coverage will not be the same as the County's plan through Delta Dental. For information and enrollment through DeltaCare USA, please call (800) 422-4234** or you can go to the Delta Dental website at www.deltadentalins.com and click the link for Individual or Family Dental Plans.

► Enroll in the UnitedHealthcare Plan for Retirees. Contact Solano County Human Resources at 707-784-6170 for information and enrollment packet.

Vision Insurance Your options are:

Vision Service Plan Your options are:

1. Enroll in COBRA continuation coverage for up to 18 months through our COBRA Administrator, Navia Business Solutions. This level of coverage will remain the same as your current Vision Service Plan (VSP) coverage and is available nationwide. **Make your COBRA check payable to Solano County.**

After 18 months your vision coverage will end. Once the 18 months have ended, retirees have the option to convert to an individual plan through VSP Signature Choice Plan for Individuals by going to www.vsp.com. **This coverage will not be the same as the County's plan through Vision Service Plan.**

Employee Assistance Program (EAP) Anthem

1. Enroll in COBRA continuation coverage for up to 18 months through our COBRA Administrator, Navia Business Solutions. This level of coverage will remain the same as your current EAP coverage. After 18 months your EAP will end. The EAP provides Clinical Counseling, consultations and referrals for Child and Eldercare Assistance, Financial Services, Legal Services, Identity Theft Recovery Services and Daily Living Services. The EAP representatives can be contacted at (833)954-1067 or www.anthemEAP.com and the company code is **PRISM**.

Group Term and Supplemental Life Insurance

Group Term Life and Supplemental Life insurance coverage through ReliaStar Life Insurance Company terminates the first of the month following your last day of employment. During the 31-day period following your retirement date, you may convert your Group Term Life and/or your Supplemental Life insurance to an individual policy with no medical evidence required. To apply for a conversion policy, complete the Life Conversion Information Request Form that will be included in your COBRA information packet. This request form should be mailed to:

Voya Employee Benefits
Group Conversions, Route 8525
P.O. Box 20
Minneapolis, Minnesota 55440-0020

If you have any questions regarding the conversion of your life insurance, please contact ReliaStar at (800) 955-7736.

457 Deferred Compensation

Human Resources will enter your retirement from Solano County in the Nationwide Retirement Solutions online database. You also have the option of completing a Distribution Request for 457 (b) Governmental Plans Form. This form will allow you to request One-time Payments, partial or lump sum distributions, Systematic Payments, or Life Expectancy and Lifetime Payments. A Solano County Representative must sign your distribution form before it can be processed. Deferred Compensation participants are encouraged to contact their program representative(s) regarding distribution options.

Final Pay Out of Vacation Leave and Sick Leave

Upon retirement, you are entitled to full payment of all accrued vacation. Any unused sick leave will be converted to the Nationwide Post Employment Health Plan Account (PEHP) to pay for medical expenses into retirement. Expenses for EAP COBRA are not eligible for reimbursement under the plan. For Administrative leave payout options, please refer to your MOU (or the Personnel and Salary Resolution if you are unrepresented).

CalPERS Service Retirement Application

IMPORTANT NOTICE

Employees have the option to download the service retirement application from website and have application signed by a Notary. Once the application is completed, they can mail or fax the form and any supporting documents (copy or marriage certificate if married, SSA Eligibility Letter or copy of Medicare card showing Medicare A and B eligibility, etc) directly to CalPERS.

Employees can also submit a retirement service application on-line if they have signed up for member access on the CalPERS website. If an employee needs counseling for the process and retirement options available, they can contact CalPERS by phone (888)225-7377 to set up an appointment for 30 minutes or if they have member access they can logon to the website to submit a request for an appointment. Either way, they will be contacted by a CalPERS representative to set the date of the appointment.

Once you have submitted your application for retirement you will need to contact your department payroll clerk to get an Exit Packet and submit a resignation letter with one of the following items for verification of retirement from CalPERS:

1. Copy of the retirement application with Section 2 and Section 10 of the employee's notarized CalPERS Service Retirement Election Application
2. Section 2 and Section 14 of the CalPERS Disability Retirement Election Application
3. A copy of the on-line application submittal with barcode
4. A CalPERS confirmation of retirement notice

CalPERS verification documents must be given to your department payroll clerk in order to have your retirement processed from Solano County Service and to be eligible for payment of your unused sick leave to the Nationwide Post Employment Health Plan.

HUMAN RESOURCES BENEFITS DIRECTORY

Department of Human Resources
Solano County
675 Texas Street, Suite 1800
Fairfield, CA 94533

If you have questions, please contact your HR Assistant as follows:

Last Name Begins With:	HR Assistant	Telephone and Email Address
A – CRZ	Amanda Meadows	707-784-6173 or by email at ameadows@solanocounty.com
CSA- HAR	Heather Rogers	707-784-7911 or by email at hrogers@solanocounty.com
HAS - MER	Chelsea Del Toro	707-784-3268 or by email at crdeltoro@solanocounty.com
MES - SAN	Shartara Haynes	707-784-6177 or by email at smhaynes@solanocounty.com
SAO - Z	Jerelle Medearis	707-784-3405 or by email at jamedearis@solanocounty.com

Important Provider Contact Phone Numbers

CalPERS Member Services Division <http://www.calpers.ca.gov> (888) 225-7377

Deferred Compensation and PEHP (800) 769-4457
Nationwide 401(a), 457 and PEHP

Social Security Administration Office (800) 772-1213 or (707) 425-9532

Health Coverage Assistance

Anthem Blue Cross (Select or Traditional)	www.anthem.com/ca/calpershmo	(855) 839-4524
Anthem EAP	www.anthemEAP.com	(833) 954-1067
Blue Shield of California	www.blueshieldca.com/calpers	(800) 334-5847
CalPERS Health Insurance Member Services		(888) 225-7377
Delta Dental	www.deltadentalca.org	(888) 335-8227
Delta Dental - individual conversion information	www.deltadentalins.com	(800) 422-4234
Kaiser Permanente	www.kp.org/calpers	(800) 464-4000
PERS Gold and PERS Platinum	www.anthem.com/ca/calpers	(877) 737-7776
OptumRx	www.optumrx.com/calpers Basic	(855) 505-8110
OptumRx	Medicare	(855) 505-8106
Vision Service Plan	www.vsp.com	(800) 877-7195
Vision Service Plan - individual conversion information	www.vsp.com	(800) 877-7195
UnitedHealthcare (HMO medical)	www.uhc.com/calpers	(877) 359-3714
UnitedHealthcare (PPO Group Medicare Adv)	www.UHCRetiree.com/calpers	(888) 867-5581
UnitedHealthcare Dental (formerly PUD)	www.myuhcdental.com	(877) 816-3596
Western Health Advantage	www.westernhealth.com/calpers	(888)942-7377

SOLANO COUNTY

RETIREE MONTHLY DENTAL, VISION, AND EAP PREMIUM SCHEDULE

EFFECTIVE JANUARY 1, 2024

Dental and Vision Rates			
Plan	Single	Two Party	Family
United HealthCare Dental/Del Norte Plan (for Retirees)	\$20.46	\$32.78	\$54.07
United HealthCare Dental (formerly PUD, 18 Months Only - COBRA) Same Plan as Active Coverage	\$35.70		\$82.89
Delta Dental (18 Months Only - COBRA) 2808-1003	\$34.07		\$83.95
Delta Dental Enhanced (18 Months Only - COBRA) 2808-1004	\$39.58		\$100.27
Vision Service Plan (18 Months Only - COBRA) 00333000/0004 0002	\$12.65		\$12.65
Vision Service Plan – Buy-Up (18 Months Only - COBRA) 00333000/0009 0002	\$22.66		\$22.66
Anthem Employee Assistance Program (18 Months Only – COBRA)	\$1.53		\$1.53

CalPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

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, Yuba

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Del Norte EPO	\$1,314.27	504	1	1	\$2,628.54	504	2	2	\$3,417.10	504	3	3
Anthem Blue Cross Select HMO	1,138.86	506	1	1	2,277.72	506	2	2	2,961.04	506	3	3
Anthem Blue Cross Traditional HMO	1,339.70	509	1	1	2,679.40	509	2	2	3,483.22	509	3	3
Blue Shield Access+ HMO	1,076.84	525	1	1	2,153.68	525	2	2	2,799.78	525	3	3
Blue Shield Access+ EPO	1,076.84	524	1	1	2,153.68	524	2	2	2,799.78	524	3	3
Blue Shield Trio HMO	946.84	451	1	1	1,893.68	451	2	2	2,461.78	451	3	3
Kaiser Permanente	1,021.41	533	1	1	2,042.82	533	2	2	2,655.67	533	3	3
Peace Officers Research Assoc of CA	931.00	592	1	1	2,117.00	592	2	2	2,651.00	592	3	3
PERS Gold	914.82	613	1	1	1,829.64	613	2	2	2,378.53	613	3	3
PERS Platinum	1,314.27	601	1	1	2,628.54	601	2	2	3,417.10	601	3	3
UnitedHealthcare SignatureValue Alliance	1,091.13	576	1	1	2,182.26	576	2	2	2,836.94	576	3	3
UnitedHealthcare SignatureValue Harmony	937.39	495	1	1	1,874.78	495	2	2	2,437.21	495	3	3
Western Health Advantage HMO	807.23	591	1	1	1,614.46	591	2	2	2,098.80	591	3	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Select Medicare Preferred PPO	\$405.83	455	1	4	\$811.66	455	2	5	\$1,217.49	455	3	6
Anthem Select Medicare Preferred PPO with Dental/Vision ¹	405.83	459	1	4	811.66	459	2	5	1,217.49	459	3	6
Anthem Medicare Preferred PPO	405.83	515	1	4	811.66	515	2	5	1,217.49	515	3	6
Anthem Medicare Preferred PPO with Dental/Vision ¹	405.83	512	1	4	811.66	512	2	5	1,217.49	512	3	6
Blue Shield Medicare PPO	392.68	011	1	4	785.36	011	2	5	1,178.04	011	3	6
Blue Shield Medicare PPO with Dental/Vision ²	392.68	016	1	4	785.36	016	2	5	1,178.04	016	3	6
Kaiser Permanente Senior Advantage	324.79	536	1	4	649.58	536	2	5	974.37	536	3	6
Kaiser Permanente Senior Advantage with Dental ³	324.79	542	1	4	649.58	542	2	5	974.37	542	3	6
Kaiser Permanente Senior Advantage Summit	386.55	630	1	4	773.10	630	2	5	1,159.65	630	3	6
Kaiser Permanente Senior Advantage Summit with Dental ³	386.55	636	1	4	773.10	636	2	5	1,159.65	636	3	6
Peace Officers Research Assoc of CA Medicare Supplement	465.00	595	1	4	1,030.00	595	2	5	1,395.00	595	3	6
PERS Gold Medicare Supplement	406.60	616	1	4	813.20	616	2	5	1,219.80	616	3	6
PERS Platinum Medicare Supplement	448.15	605	1	4	896.30	605	2	5	1,344.45	605	3	6
UnitedHealthcare Group Medicare Advantage PPO	341.72	579	1	4	683.44	579	2	5	1,025.16	579	3	6
UnitedHealthcare Group Medicare Advantage Edge PPO	366.01	476	1	4	732.02	476	2	5	1,098.03	476	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision ⁴	341.72	585	1	4	683.44	585	2	5	1,025.16	585	3	6
Western Health Advantage MyCare Select HMO	268.62	035	1	4	537.24	035	2	5	805.86	035	3	6

*For health plan availability by county, please refer to the 2024 Health Benefit Summary or myCalPERS.

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

²Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

³Dental benefit is an additional \$15.66 per member per month premium. You will be billed directly for this amount.

⁴Dental and Vision coverage is an additional \$27.04 per member per month premium. You will be billed directly for this amount.

CalPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

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, Yuba

Combination Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Del Norte EPO and Medicare Supplement	\$1,762.42	021	4	7	\$2,550.98	021	5	8	\$1,684.86	021	6	9
Anthem Blue Cross Select HMO and Medicare Preferred	1,544.69	457	4	7	2,228.01	457	5	8	1,494.98	457	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision ¹	1,544.69	460	4	7	2,228.01	460	5	8	1,494.98	460	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,745.53	518	4	7	2,549.35	518	5	8	1,615.48	518	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision ¹	1,745.53	521	4	7	2,549.35	521	5	8	1,615.48	521	6	9
Blue Shield Access+ HMO and Medicare	1,469.52	049	4	7	2,115.62	049	5	8	1,431.46	049	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision ²	1,469.52	089	4	7	2,115.62	089	5	8	1,431.46	089	6	9
Blue Shield Access+ EPO and Medicare	1,469.52	092	4	7	2,115.62	092	5	8	1,431.46	092	6	9
Blue Shield Access+ EPO and Medicare with Dental/Vision ³	1,469.52	093	4	7	2,115.62	093	5	8	1,431.46	093	6	9
Blue Shield Trio HMO and Medicare	1,339.52	094	4	7	1,907.62	094	5	8	1,353.46	094	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision ⁴	1,339.52	097	4	7	1,907.62	097	5	8	1,353.46	097	6	9
Kaiser Permanente and Senior Advantage	1,346.20	539	4	7	1,959.05	539	5	8	1,262.43	539	6	9
Kaiser Permanente and Senior Advantage with Dental ⁵	1,346.20	545	4	7	1,959.05	545	5	8	1,262.43	545	6	9
Kaiser Permanente and Senior Advantage Summit	1,407.96	633	4	7	2,020.81	633	5	8	1,385.95	633	6	9
Kaiser Permanente and Senior Advantage Summit with Dental ⁵	1,407.96	639	4	7	2,020.81	639	5	8	1,385.95	639	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,651.00	598	4	7	2,185.00	598	5	8	1,564.00	598	6	9
PERS Gold and Medicare Supplement	1,321.42	619	4	7	1,870.31	619	5	8	1,362.09	619	6	9
PERS Platinum and Medicare Supplement	1,762.42	609	4	7	2,550.98	609	5	8	1,684.86	609	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	1,432.85	582	4	7	2,087.53	582	5	8	1,338.12	582	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage Edge PPO	1,457.14	627	4	7	2,111.82	627	5	8	1,386.70	627	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision ⁶	1,432.85	588	4	7	2,087.53	588	5	8	1,338.12	588	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	1,279.11	497	4	7	1,841.54	497	5	8	1,245.87	497	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage Edge PPO	1,303.40	496	4	7	1,865.83	496	5	8	1,294.45	496	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision ⁶	1,279.11	498	4	7	1,841.54	498	5	8	1,245.87	498	6	9
Western Health Advantage HMO and MyCare Select HMO	1,075.85	036	4	7	1,560.19	036	5	8	1,021.58	036	6	9

CalPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

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, 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
Anthem Blue Cross Del Norte EPO and Medicare Supplement	\$1,762.42	021	7	10	\$2,210.57	021	8	11	\$2,550.98	021	9	12
Anthem Blue Cross Select HMO and Medicare Preferred	1,544.69	457	7	10	1,950.52	457	8	11	2,228.01	457	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision ¹	1,544.69	460	7	10	1,950.52	460	8	11	2,228.01	460	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,745.53	518	7	10	2,151.36	518	8	11	2,549.35	518	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision ¹	1,745.53	521	7	10	2,151.36	521	8	11	2,549.35	521	9	12
Blue Shield Access+ HMO and Medicare	1,469.52	049	7	10	1,862.20	049	8	11	2,115.62	049	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision ²	1,469.52	089	7	10	1,862.20	089	8	11	2,115.62	089	9	12
Blue Shield Access+ EPO and Medicare	1,469.52	092	7	10	1,862.20	092	8	11	2,115.62	092	9	12
Blue Shield Access+ EPO and Medicare with Dental/Vision ³	1,469.52	093	7	10	1,862.20	093	8	11	2,115.62	093	9	12
Blue Shield Trio HMO and Medicare	1,339.52	094	7	10	1,732.20	094	8	11	1,907.62	094	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision ⁴	1,339.52	097	7	10	1,732.20	097	8	11	1,907.62	097	9	12
Kaiser Permanente and Senior Advantage	1,346.20	539	7	10	1,670.99	539	8	11	1,959.05	539	9	12
Kaiser Permanente and Senior Advantage with Dental ⁵	1,346.20	545	7	10	1,670.99	545	8	11	1,959.05	545	9	12
Kaiser Permanente and Senior Advantage Summit	1,407.96	633	7	10	1,794.51	633	8	11	2,020.81	633	9	12
Kaiser Permanente and Senior Advantage Summit with Dental ⁵	1,407.96	639	7	10	1,794.51	639	8	11	2,020.81	639	9	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,396.00	598	7	10	1,961.00	598	8	11	2,185.00	598	9	12
PERS Gold and Medicare Supplement	1,321.42	619	7	10	1,728.02	619	8	11	1,870.31	619	9	12
PERS Platinum and Medicare Supplement	1,762.42	609	7	10	2,210.57	609	8	11	2,550.98	609	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	1,432.85	582	7	10	1,774.57	582	8	11	2,087.53	582	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage Edge PPO	1,457.14	627	7	10	1,823.15	627	8	11	2,111.82	627	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision ⁶	1,432.85	588	7	10	1,774.57	588	8	11	2,087.53	588	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	1,279.11	497	7	10	1,620.83	497	8	11	1,841.54	497	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage Edge PPO	1,303.40	496	7	10	1,669.41	496	8	11	1,865.83	496	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision ⁶	1,279.11	498	7	10	1,620.83	498	8	11	1,841.54	498	9	12
Western Health Advantage HMO and MyCare Select HMO	1,075.85	036	7	10	1,344.47	036	8	11	1,560.19	036	9	12

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

²Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

⁴Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

⁵Dental benefit is an additional \$15.66 per member per month premium. You will be billed directly for this amount.

⁶Dental and Vision coverage is an additional \$27.04 per member per month premium. You will be billed directly for this amount.

CalPERS 2024 Out-Of-State Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

Out of State Basic Monthly Premiums (B)

Plan	Member Eligibility	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Kaiser Permanente - Colorado	State & PA	\$1,312.45	252	1	1	\$2,624.90	252	2	2	\$3,412.37	252	3	3
Kaiser Permanente - Georgia	State & PA	1,312.45	245	1	1	2,624.90	245	2	2	3,412.37	245	3	3
Kaiser Permanente - Hawaii	State & PA	1,312.45	270	1	1	2,624.90	270	2	2	3,412.37	270	3	3
Kaiser Permanente - MidAtlantic ¹	State & PA	1,312.45	265	1	1	2,624.90	265	2	2	3,412.37	265	3	3
Kaiser Permanente - Northwest ²	State & PA	1,312.45	219	1	1	2,624.90	219	2	2	3,412.37	219	3	3
Kaiser Permanente - Washington	State & PA	1,312.45	392	1	1	2,624.90	392	2	2	3,412.37	392	3	3
Peace Officers Research Assoc of CA	PA Only	1,056.00	150	1	1	2,144.00	150	2	2	2,540.00	150	3	3
Peace Officers Research Assoc of CA	State Only	1,056.00	463	1	1	2,144.00	463	2	2	2,540.00	463	3	3
PERS Platinum	PA Only	1,146.86	604	1	1	2,293.72	604	2	2	2,981.84	604	3	3
PERS Platinum	State Only	1,215.87	434	1	1	2,431.74	434	2	2	3,161.26	434	3	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Member Eligibility	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Blue Shield Medicare PPO	PA Only	\$392.68	015	1	4	\$785.36	015	2	5	\$1,178.04	015	3	6
Blue Shield Medicare PPO with Dental/Vision ³	PA Only	392.68	048	1	4	785.36	048	2	5	1,178.04	048	3	6
Kaiser Permanente Senior Advantage - Colorado	State & PA	318.43	253	1	4	636.86	253	2	5	955.29	253	3	6
Kaiser Permanente Senior Advantage - Georgia	State & PA	318.43	249	1	4	636.86	249	2	5	955.29	249	3	6
Kaiser Permanente Senior Advantage - Hawaii	State & PA	318.43	214	1	4	636.86	214	2	5	955.29	214	3	6
Kaiser Permanente Senior Advantage - MidAtlantic ¹	State & PA	318.43	261	1	4	636.86	261	2	5	955.29	261	3	6
Kaiser Permanente Senior Advantage - Northwest ²	State & PA	318.43	269	1	4	636.86	269	2	5	955.29	269	3	6
Kaiser Permanente Senior Advantage - Washington	State & PA	318.43	393	1	4	636.86	393	2	5	955.29	393	3	6
Kaiser Permanente Senior Advantage Summit - Colorado	State & PA	380.21	405	1	4	760.42	405	2	5	1,140.63	405	3	6
Kaiser Permanente Senior Advantage Summit - Georgia	State & PA	380.21	406	1	4	760.42	406	2	5	1,140.63	406	3	6
Kaiser Permanente Senior Advantage Summit - Hawaii	State & PA	380.21	403	1	4	760.42	403	2	5	1,140.63	403	3	6
Kaiser Permanente Senior Advantage Summit - MidAtlantic ¹	State & PA	380.21	444	1	4	760.42	444	2	5	1,140.63	444	3	6
Kaiser Permanente Senior Advantage Summit - Northwest ²	State & PA	380.21	404	1	4	760.42	404	2	5	1,140.63	404	3	6
Kaiser Permanente Senior Advantage Summit - Washington	State & PA	380.21	447	1	4	760.42	447	2	5	1,140.63	447	3	6
Peace Officers Research Assoc of CA Medicare Supplement	PA Only	465.00	250	1	4	1,030.00	250	2	5	1,395.00	250	3	6
Peace Officers Research Assoc of CA Medicare Supplement	State Only	465.00	464	1	4	1,030.00	464	2	5	1,395.00	464	3	6
PERS Platinum Medicare Supplement	PA Only	448.15	608	1	4	896.30	608	2	5	1,344.45	608	3	6
PERS Platinum Medicare Supplement	State Only	448.15	435	1	4	896.30	435	2	5	1,344.45	435	3	6
UnitedHealthcare Group Medicare Advantage PPO	PA Only	341.72	363	1	4	683.44	363	2	5	1,025.16	363	3	6
UnitedHealthcare Group Medicare Advantage Edge PPO	PA Only	366.01	624	1	4	732.02	624	2	5	1,098.03	624	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision ⁴	PA Only	341.72	364	1	4	683.44	364	2	5	1,025.16	364	3	6

¹Kaiser Permanente - MidAtlantic Region includes District of Columbia, Maryland, and Virginia.

²Kaiser Permanente - Northwest Region includes Oregon and Washington.

³Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

⁴Dental and Vision coverage is an additional \$27.04 per member per month premium. You will be billed directly for this amount.

CalPERS 2024 Out-Of-State Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

Out of State Combination Monthly Premiums

Plan	Member Eligibility	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Kaiser Permanente and Senior Advantage - Colorado	State & PA	\$1,630.88	129	4	7	\$2,418.35	129	5	8	\$1,424.33	129	6	9
Kaiser Permanente and Senior Advantage - Georgia	State & PA	1,630.88	130	4	7	2,418.35	130	5	8	1,424.33	130	6	9
Kaiser Permanente and Senior Advantage - Hawaii	State & PA	1,630.88	137	4	7	2,418.35	137	5	8	1,424.33	137	6	9
Kaiser Permanente and Senior Advantage - MidAtlantic ¹	State & PA	1,630.88	138	4	7	2,418.35	138	5	8	1,424.33	138	6	9
Kaiser Permanente and Senior Advantage - Northwest ²	State & PA	1,630.88	139	4	7	2,418.35	139	5	8	1,424.33	139	6	9
Kaiser Permanente and Senior Advantage - Washington	State & PA	1,630.88	394	4	7	2,418.35	394	5	8	1,424.33	394	6	9
Kaiser Permanente and Senior Advantage Summit - Colorado	State & PA	1,692.66	486	4	7	2,480.13	486	5	8	1,547.89	486	6	9
Kaiser Permanente and Senior Advantage Summit - Georgia	State & PA	1,692.66	487	4	7	2,480.13	487	5	8	1,547.89	487	6	9
Kaiser Permanente and Senior Advantage Summit - Hawaii	State & PA	1,692.66	448	4	7	2,480.13	448	5	8	1,547.89	448	6	9
Kaiser Permanente and Senior Advantage Summit - MidAtlantic ¹	State & PA	1,692.66	488	4	7	2,480.13	488	5	8	1,547.89	488	6	9
Kaiser Permanente and Senior Advantage Summit - Northwest ²	State & PA	1,692.66	449	4	7	2,480.13	449	5	8	1,547.89	449	6	9
Kaiser Permanente and Senior Advantage Summit - Washington	State & PA	1,692.66	494	4	7	2,480.13	494	5	8	1,547.89	494	6	9
Peace Officers Research Assoc of CA Medicare Supplement	PA Only	1,553.00	300	4	7	1,949.00	300	5	8	1,426.00	300	6	9
Peace Officers Research Assoc of CA Medicare Supplement	State Only	1,553.00	467	4	7	1,949.00	467	5	8	1,426.00	467	6	9
PERS Platinum and Medicare Supplement	PA Only	1,595.01	612	4	7	2,283.13	612	5	8	1,584.42	612	6	9
PERS Platinum and Medicare Supplement	State Only	1,664.02	436	4	7	2,393.54	436	5	8	1,625.82	436	6	9

Combination Monthly Premiums (Continued)

Plan	Member Eligibility	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 B	Plan Code	Party Code	Party Rate
Kaiser Permanente and Senior Advantage - Colorado	State & PA	\$1,630.88	129	7	10	\$1,949.31	129	8	11	\$2,418.35	129	9	12
Kaiser Permanente and Senior Advantage - Georgia	State & PA	1,630.88	130	7	10	1,949.31	130	8	11	2,418.35	130	9	12
Kaiser Permanente and Senior Advantage - Hawaii	State & PA	1,630.88	137	7	10	1,949.31	137	8	11	2,418.35	137	9	12
Kaiser Permanente and Senior Advantage - MidAtlantic ¹	State & PA	1,630.88	138	7	10	1,949.31	138	8	11	2,418.35	138	9	12
Kaiser Permanente and Senior Advantage - Northwest ²	State & PA	1,630.88	139	7	10	1,949.31	139	8	11	2,418.35	139	9	12
Kaiser Permanente and Senior Advantage - Washington	State & PA	1,630.88	394	7	10	1,949.31	394	8	11	2,418.35	394	9	12
Kaiser Permanente and Senior Advantage Summit - Colorado	State & PA	1,692.66	486	7	10	2,072.87	486	8	11	2,480.13	486	9	12
Kaiser Permanente and Senior Advantage Summit - Georgia	State & PA	1,692.66	487	7	10	2,072.87	487	8	11	2,480.13	487	9	12
Kaiser Permanente and Senior Advantage Summit - Hawaii	State & PA	1,692.66	448	7	10	2,072.87	448	8	11	2,480.13	448	9	12
Kaiser Permanente and Senior Advantage Summit - MidAtlantic ¹	State & PA	1,692.66	488	7	10	2,072.87	488	8	11	2,480.13	488	9	12
Kaiser Permanente and Senior Advantage Summit - Northwest ²	State & PA	1,692.66	449	7	10	2,072.87	449	8	11	2,480.13	449	9	12
Kaiser Permanente and Senior Advantage Summit - Washington	State & PA	1,692.66	494	7	10	2,072.87	494	8	11	2,480.13	494	9	12
Peace Officers Research Assoc of CA Medicare Supplement	PA Only	1,521.00	300	7	10	2,086.00	300	8	11	1,949.00	300	9	12
Peace Officers Research Assoc of CA Medicare Supplement	State Only	1,521.00	467	7	10	2,086.00	467	8	11	1,949.00	467	9	12
PERS Platinum and Medicare Supplement	PA Only	1,595.01	612	7	10	2,043.16	612	8	11	2,283.13	612	9	12
PERS Platinum and Medicare Supplement	State Only	1,664.02	436	7	10	2,112.17	436	8	11	2,393.54	436	9	12

¹Kaiser Permanente - MidAtlantic Region includes District of Columbia, Maryland, and Virginia.

²Kaiser Permanente - Northwest Region includes Oregon and Washington.