CalPERS 2024 Regional COBRA Health Premiums

Effective Date: January 1, 2024

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

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 COBRA Premiums

Plan	Single	2-Party	Family
Anthem Blue Cross Del Norte EPO	$1,340.56	$2,681.11	$3,485.44
Anthem Blue Cross Select HMO	1,161.64	2,323.27	3,020.26
Anthem Blue Cross Traditional HMO	1,366.49	2,732.99	3,552.88
Blue Shield Access+ HMO	1,098.38	2,196.75	2,855.78
Blue Shield Access+ EPO	1,098.38	2,196.75	2,855.78
Blue Shield Trio HMO	965.78	1,931.55	2,511.02
Kaiser Permanente	1,041.84	2,083.68	2,708.78
Peace Officers Research Assoc of CA	949.62	2,159.34	2,704.02
PERS Gold	933.12	1,866.23	2,426.10
PERS Platinum	1,340.56	2,681.11	3,485.44
UnitedHealthcare SignatureValue Alliance	1,112.95	2,225.91	2,893.68
UnitedHealthcare SignatureValue Harmony	956.14	1,912.28	2,485.95
Western Health Advantage HMO	823.37	1,646.75	2,140.78

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Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

Basic Monthly COBRA Premiums

Plan	Single	2-Party	Family
Anthem Blue Cross Select HMO	$823.86	$1,647.73	$2,142.05
Anthem Blue Cross Traditional HMO	1,055.07	2,110.14	2,743.18
Blue Shield Access+ HMO	886.52	1,773.05	2,304.96
Blue Shield Access+ EPO	886.52	1,773.05	2,304.96
Blue Shield Trio HMO	826.44	1,652.89	2,148.75
Health Net Salud y Más	698.47	1,396.93	1,816.01
Kaiser Permanente	923.05	1,846.10	2,399.93
Peace Officers Research Assoc of CA	944.52	1,900.26	2,418.42
PERS Gold	815.43	1,630.86	2,120.11
PERS Platinum	1,174.53	2,349.06	3,053.78
Sharp Performance Plus	849.90	1,699.81	2,209.75
UnitedHealthcare SignatureValue Alliance	854.64	1,709.28	2,222.06
UnitedHealthcare SignatureValue Harmony	808.50	1,617.01	2,102.11

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Region 3

Los Angeles, Riverside, San Bernardino

Basic Monthly COBRA Premiums

Plan	Single	2-Party	Family
Anthem Blue Cross Select HMO	$857.95	$1,715.91	$2,230.68
Anthem Blue Cross Traditional HMO	1,032.92	2,065.85	2,685.60
Blue Shield Access+ HMO	771.78	1,543.57	2,006.64
Blue Shield Trio HMO	718.78	1,437.57	1,868.83
Health Net Salud y Más	642.73	1,285.47	1,671.11
Kaiser Permanente	882.72	1,765.44	2,295.07
Peace Officers Research Assoc of CA	944.52	1,900.26	2,418.42
PERS Gold	800.99	1,601.97	2,082.56
PERS Platinum	1,154.10	2,308.20	3,000.66
UnitedHealthcare SignatureValue Alliance	842.97	1,685.94	2,191.71
UnitedHealthcare SignatureValue Harmony	749.46	1,498.91	1,948.59

CalPERS 2024 Out-Of-State COBRA Health Premiums

Effective Date: January 1, 2024

COBRA premiums are calculated at 102% of the Basic premiums, but some carriers may charge less than these maximum amounts.

Out of State Basic Monthly COBRA Premiums			
Plan	**Single**	**2-Party**	**Family**
Kaiser (Out-of-State)[1]	$1,338.70	$2,677.40	$3,480.62
Peace Officers Research Assoc of CA	1,077.12	2,186.88	2,590.80
PERS Platinum	1,169.80	2,339.59	3,041.48

[1]These premiums cover all Kaiser out-of-state areas.