

2025 CalPERS HEALTH BENEFITS PROGRAM PLAN RATES

Monthly Employee Cost

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2025 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee	2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	\$1,021.71	\$1,021.71	\$0.00	\$0.00	\$1,021.71	\$0.00	\$0.00
	Employee + 1	\$2,043.42	\$2,039.00	\$4.42	\$0.00	\$2,043.42	\$0.00	\$0.00
	Employee + 2 or more	\$2,656.45	\$2,551.00	\$105.45	\$40.48	\$2,571.00	\$85.45	\$20.48
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	\$1,309.07	\$1,060.00	\$249.07	\$214.94	\$1,065.00	\$244.07	\$209.94
	Employee + 1	\$2,618.14	\$2,039.00	\$579.14	\$505.88	\$2,049.00	\$569.14	\$495.88
	Employee + 2 or more	\$3,403.58	\$2,551.00	\$852.58	\$748.64	\$2,571.00	\$832.58	\$728.64
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	\$965.86	\$965.86	\$0.00	\$0.00	\$965.86	\$0.00	\$0.00
	Employee + 1	\$1,931.72	\$1,931.72	\$0.00	\$0.00	\$1,931.72	\$0.00	\$0.00
	Employee + 2 or more	\$2,511.24	\$2,511.24	\$0.00	\$0.00	\$2,511.24	\$0.00	\$0.00
BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to certain counties)	Employee Only	\$965.86	\$965.86	\$0.00	\$0.00	\$965.86	\$0.00	\$0.00
	Employee + 1	\$1,931.72	\$1,931.72	\$0.00	\$0.00	\$1,931.72	\$0.00	\$0.00
	Employee + 2 or more	\$2,511.24	\$2,511.24	\$0.00	\$0.00	\$2,511.24	\$0.00	\$0.00
BLUE SHIELD TRIO (Restricted to certain counties)	Employee Only	\$909.10	\$909.10	\$0.00	\$0.00	\$909.10	\$0.00	\$0.00
	Employee + 1	\$1,818.20	\$1,818.20	\$0.00	\$0.00	\$1,818.20	\$0.00	\$0.00
	Employee + 2 or more	\$2,363.66	\$2,363.66	\$0.00	\$0.00	\$2,363.66	\$0.00	\$0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	\$753.72	\$753.72	\$0.00	\$0.00	\$753.72	\$0.00	\$0.00
	Employee + 1	\$1,507.44	\$1,507.44	\$0.00	\$0.00	\$1,507.44	\$0.00	\$0.00
	Employee + 2 or more	\$1,959.67	\$1,959.67	\$0.00	\$0.00	\$1,959.67	\$0.00	\$0.00
KAISER PERMANENTE CALIFORNIA	Employee Only	\$1,045.20	\$1,045.20	\$0.00	\$0.00	\$1,045.20	\$0.00	\$0.00
	Employee + 1	\$2,090.40	\$2,039.00	\$51.40	\$38.30	\$2,049.00	\$41.40	\$28.30
	Employee + 2 or more	\$2,717.52	\$2,551.00	\$166.52	\$140.79	\$2,571.00	\$146.52	\$120.79
KAISER PERMANENTE – OUT OF STATE	Employee Only	\$1,422.26	\$1,060.00	\$362.26	\$329.45	\$1,065.00	\$357.26	\$324.45
	Employee + 1	\$2,844.52	\$2,039.00	\$805.52	\$734.90	\$2,049.00	\$795.52	\$724.90
	Employee + 2 or more	\$3,697.88	\$2,551.00	\$1,146.88	\$1,046.37	\$2,571.00	\$1,126.88	\$1,026.37

CaIPERS HEALTH BENEFITS PROGRAM BASIC PLAN RATES

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2025 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee	2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee
PERS PLATINUM	Employee Only	\$1,335.30	\$1,060.00	\$275.30	\$232.87	\$1,065.00	\$270.30	\$227.87
	Employee + 1	\$2,670.60	\$2,039.00	\$631.60	\$541.74	\$2,049.00	\$621.60	\$531.74
	Employee + 2 or more	\$3,471.78	\$2,551.00	\$920.78	\$795.26	\$2,571.00	\$900.78	\$775.26
PERS GOLD	Employee Only	\$943.70	\$943.70	\$0.00	\$0.00	\$943.70	\$0.00	\$0.00
	Employee + 1	\$1,887.40	\$1,887.40	\$0.00	\$0.00	\$1,887.40	\$0.00	\$0.00
	Employee + 2 or more	\$2,453.62	\$2,453.62	\$0.00	\$0.00	\$2,453.62	\$0.00	\$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	\$894.00	\$894.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1	\$1,789.00	\$1,789.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$2,325.00	\$2,325.00	\$0.00	\$0.00	N/A	N/A	N/A
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	\$868.45	\$868.45	\$0.00	\$0.00	\$868.45	\$0.00	\$0.00
	Employee + 1	\$1,736.90	\$1,736.90	\$0.00	\$0.00	\$1,736.90	\$0.00	\$0.00
	Employee + 2 or more	\$2,257.97	\$2,257.97	\$0.00	\$0.00	\$2,257.97	\$0.00	\$0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	\$961.35	\$961.35	\$0.00	\$0.00	\$961.35	\$0.00	\$0.00
	Employee + 1	\$1,922.70	\$1,922.70	\$0.00	\$0.00	\$1,922.70	\$0.00	\$0.00
	Employee + 2 or more	\$2,499.51	\$2,499.51	\$0.00	\$0.00	\$2,499.51	\$0.00	\$0.00
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	\$820.13	\$820.13	\$0.00	\$0.00	\$820.13	\$0.00	\$0.00
	Employee + 1	\$1,640.26	\$1,640.26	\$0.00	\$0.00	\$1,640.26	\$0.00	\$0.00
	Employee + 2 or more	\$2,132.34	\$2,132.34	\$0.00	\$0.00	\$2,132.34	\$0.00	\$0.00
WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento and other Northern regions)	Employee Only	\$914.27	\$914.27	\$0.00	\$0.00	\$914.27	\$0.00	\$0.00
	Employee + 1	\$1,828.54	\$1,828.54	\$0.00	\$0.00	\$1,828.54	\$0.00	\$0.00
	Employee + 2 or more	\$2,377.10	\$2,377.10	\$0.00	\$0.00	\$2,377.10	\$0.00	\$0.00

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.