

**2023 CalPERS Health Benefits Program
Basic Plan Rates Comparison**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2022			2023		
			Total Mo. Premium	Employee Monthly Cost (except Unit 6)	Unit 6 Only Monthly Cost	Total Mo. Premium	Employee Monthly Cost (except Unit 6)	Unit 6 Only Monthly Cost
ANTHEM BLUE CROSS - PERS PLATINUM (PPO)	Employee Only	434	\$ 946.78	\$ 130.78	\$ 125.78	\$1,083.89	\$ 200.89	\$ 195.89
	Employee + 1 Dependent		\$1,893.56	\$ 345.56	\$ 335.56	\$2,167.78	\$ 468.78	\$ 458.78
	Employee + 2 or more		\$2,461.63	\$ 478.63	\$ 458.63	\$2,818.11	\$ 694.11	\$ 674.11
ANTHEM BLUE CROSS - PERS GOLD (PPO)	Employee Only	437	\$ 650.38	\$ 0.00	\$ 0.00	\$ 766.11	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,300.76	\$ 0.00	\$ 0.00	\$1,532.22	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$1,690.99	\$ 0.00	\$ 0.00	\$1,991.89	\$ 0.00	\$ 0.00
ANTHEM BLUE CROSS - SELECT HMO CALIFORNIA	Employee Only	181	\$ 848.08	\$ 32.08	\$ 27.08	\$ 903.85	\$ 20.85	\$ 15.85
	Employee + 1 Dependent		\$1,696.16	\$ 148.16	\$ 138.16	\$1,807.70	\$ 108.70	\$ 98.70
	Employee + 2 or more		\$2,205.01	\$ 222.01	\$ 202.01	\$2,350.01	\$ 226.01	\$ 206.01
BLUE SHIELD TRIO - (Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Placer, Riverside, Sacramento, San Bernardino, Tulare & Yolo counties only)	Employee Only	471	\$ 742.70	\$ 0.00	\$ 0.00	\$ 760.71	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,485.40	\$ 0.00	\$ 0.00	\$1,521.42	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$1,931.02	\$ 0.00	\$ 0.00	\$1,977.85	\$ 0.00	\$ 0.00
ANTHEM BLUE CROSS - TRADITIONAL HMO CALIFORNIA	Employee Only	180	\$1,198.07	\$ 382.07	\$ 377.07	\$1,116.65	\$ 233.65	\$ 228.65
	Employee + 1 Dependent		\$2,396.14	\$ 848.14	\$ 838.14	\$2,233.30	\$ 534.30	\$ 524.30
	Employee + 2 or more		\$3,114.98	\$ 1,131.98	\$ 1,111.98	\$2,903.29	\$ 779.29	\$ 759.29
ANTHEM BLUE CROSS - EPO CALIFORNIA (Available in Del Norte County only)	Employee Only	172	\$ 946.78	\$ 130.78	\$ 125.78	\$1,083.89	\$ 200.89	\$ 195.89
	Employee + 1 Dependent		\$1,893.56	\$ 345.56	\$ 335.56	\$2,167.78	\$ 468.78	\$ 458.78
	Employee + 2 or more		\$2,461.63	\$ 478.63	\$ 458.63	\$2,818.11	\$ 694.11	\$ 674.11
BLUE SHIELD ACCESS+ CALIFORNIA (HMO)	Employee Only	141	\$ 900.22	\$ 84.22	\$ 79.22	\$ 842.61	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,800.44	\$ 252.44	\$ 242.44	\$1,685.22	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$2,340.57	\$ 357.57	\$ 337.57	\$2,190.79	\$ 66.79	\$ 46.79
BLUE SHIELD ACCESS + EPO CALIFORNIA - (Alpine, Calaveras, Colusa, Onyo, Lake, Mendocino, Modoc, Mono, Plumas, Sierra, Siskiyou, Taja, a. Trinity, & Tuolumne counties only)	Employee Only	191	\$ 900.22	\$ 84.22	\$ 79.22	\$ 842.61	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,800.44	\$ 252.44	\$ 242.44	\$1,685.22	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$2,340.57	\$ 357.57	\$ 337.57	\$2,190.79	\$ 66.79	\$ 46.79
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	184	\$ 486.51	\$ 0.00	\$ 0.00	\$ 631.89	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 973.02	\$ 0.00	\$ 0.00	\$1,263.78	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$1,264.93	\$ 0.00	\$ 0.00	\$1,642.91	\$ 0.00	\$ 0.00
HEALTH NET SMARTCARE CALIFORNIA	Employee Only	185	\$1,007.13	\$ 191.13	\$ 186.13	\$ 993.39	\$ 110.39	\$ 105.39
	Employee + 1 Dependent		\$2,014.26	\$ 466.26	\$ 456.26	\$1,986.78	\$ 287.78	\$ 277.78
	Employee + 2 or more		\$2,618.54	\$ 635.54	\$ 615.54	\$2,582.81	\$ 458.81	\$ 438.81
KAISER PERMANENTE CALIFORNIA (HMO)	Employee Only	056	\$ 804.67	\$ 0.00	\$ 0.00	\$ 852.68	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,609.34	\$ 61.34	\$ 51.34	\$1,705.36	\$ 6.36	\$ 0.00
	Employee + 2 or more		\$2,092.14	\$ 109.14	\$ 89.14	\$2,216.97	\$ 92.97	\$ 72.97

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KAISER PERMANENTE - OUT OF STATE (HMO)	Employee Only	Codes vary by region	\$ 1,138.95	\$ 322.95	\$ 317.95	\$ 1,155.43	\$ 272.43	\$ 267.43
	Employee + 1 Dependent		\$ 2,277.90	\$ 729.90	\$ 719.90	\$ 2,310.86	\$ 611.86	\$ 601.86
	Employee + 2 or more		\$ 2,961.27	\$ 978.27	\$ 958.27	\$ 3,004.12	\$ 880.12	\$ 860.12
PEACE OFFICERS RESEARCH ASSOC. OF CALIFORNIA (PORAC)** (PPO)	Employee Only	207	\$ 750.00	\$ 0.00	N/A	\$ 775.00	\$ 0.00	N/A
	Employee + 1 Dependent		\$ 1,449.00	\$ 0.00		\$ 1,525.00	\$ 0.00	
	Employee + 2 or more		\$ 1,927.00	\$ 0.00		\$ 2,000.00	\$ 0.00	
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	189	\$ 699.21	\$ 0.00	\$ 0.00	\$ 764.96	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,398.42	\$ 0.00	\$ 0.00	\$ 1,529.92	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,817.95	\$ 0.00	\$ 0.00	\$ 1,988.90	\$ 0.00	\$ 0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	187	\$ 818.03	\$ 2.03	\$ 0.00	\$ 841.72	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,636.05	\$ 88.06	\$ 78.06	\$ 1,683.44	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,126.88	\$ 143.88	\$ 123.88	\$ 2,188.47	\$ 64.47	\$ 44.47
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	319	\$ 737.35	\$ 0.00	\$ 0.00	\$ 722.28	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,474.70	\$ 0.00	\$ 0.00	\$ 1,444.56	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,917.11	\$ 0.00	\$ 0.00	\$ 1,877.93	\$ 0.00	\$ 0.00
WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento, and other Northern regions)	Employee Only	176	\$ 741.26	\$ 0.00	\$ 0.00	\$ 760.17	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,482.52	\$ 0.00	\$ 0.00	\$ 1,520.34	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,927.28	\$ 0.00	\$ 0.00	\$ 1,976.44	\$ 0.00	\$ 0.00
CSU Contribution (per Gov't Code):	2023							
*	All Units (except Unit 6)	Unit 6 Employees Only						
*								
*								
Employee Only	\$ 883	\$ 888						
Employee +1 Dependent	\$ 1,699	\$ 1,709						
Employee +2 or more Dependents	\$ 2,124	\$ 2,144						

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

NEW Health Plans Rates effective January 1, 2023

Rev. 9/2022