

**2025 CalPERS Health Benefits Program
Basic Plan Rates Comparison**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2024			2025		
			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
BLUE SHIELD of CA - PERS PLATINUM (PPO)	Employee Only	645	\$ 1,215.87	\$ 232.87	\$ 227.87	\$ 1,335.30	\$ 275.30	\$ 270.30
	Employee + 1 Dependent		\$ 2,431.74	\$ 541.74	\$ 531.74	\$ 2,670.60	\$ 631.60	\$ 621.60
	Employee + 2 or more		\$ 3,161.26	\$ 795.26	\$ 775.26	\$ 3,471.78	\$ 920.78	\$ 900.78
BLUE SHIELD of CA - PERS GOLD (PPO)	Employee Only	642	\$ 859.31	\$ 0.00	\$ 0.00	\$ 943.70	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,718.62	\$ 0.00	\$ 0.00	\$ 1,887.40	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,234.21	\$ 0.00	\$ 0.00	\$ 2,453.62	\$ 0.00	\$ 0.00
ANTHEM BLUE CROSS - SELECT HMO CALIFORNIA	Employee Only	181	\$ 925.57	\$ 0.00	\$ 0.00	\$ 1,021.71	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,851.14	\$ 0.00	\$ 0.00	\$ 2,043.42	\$ 4.42	\$ 0.00
	Employee + 2 or more		\$ 2,406.48	\$ 40.48	\$ 20.48	\$ 2,656.45	\$ 105.45	\$ 85.45
BLUE SHIELD TRIO - (Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Placer, Riverside, Sacramento, San Bernardino, Tulare & Yolo counties only)	Employee Only	471	\$ 810.24	\$ 0.00	\$ 0.00	\$ 909.10	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,620.48	\$ 0.00	\$ 0.00	\$ 1,818.20	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,106.62	\$ 0.00	\$ 0.00	\$ 2,363.66	\$ 0.00	\$ 0.00
KAISER PERMANENTE CALIFORNIA (HMO) (available in select zip codes in Monterey County)	Employee Only	056	\$ 964.15	\$ 0.00	\$ 0.00	\$ 1,045.20	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,928.30	\$ 38.30	\$ 28.30	\$ 2,090.40	\$ 51.40	\$ 41.40
	Employee + 2 or more		\$ 2,506.79	\$ 140.79	\$ 120.79	\$ 2,717.52	\$ 166.52	\$ 146.52
ANTHEM BLUE CROSS - TRADITIONAL HMO CALIFORNIA	Employee Only	180	\$ 1,197.94	\$ 214.94	\$ 209.94	\$ 1,309.07	\$ 249.07	\$ 244.07
	Employee + 1 Dependent		\$ 2,395.88	\$ 505.88	\$ 495.88	\$ 2,618.14	\$ 579.14	\$ 569.14
	Employee + 2 or more		\$ 3,114.64	\$ 748.64	\$ 728.64	\$ 3,403.58	\$ 852.58	\$ 832.58
BLUE SHIELD ACCESS+ CALIFORNIA (HMO)	Employee Only	141	\$ 892.49	\$ 0.00	\$ 0.00	\$ 965.86	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,784.98	\$ 0.00	\$ 0.00	\$ 1,931.72	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,320.47	\$ 0.00	\$ 0.00	\$ 2,511.24	\$ 0.00	\$ 0.00
BLUE SHIELD ACCESS + EPO CALIFORNIA - (Alpine, Calaveras, Colusa, Del Norte, Onyo, Lake, Mendocino, Modoc, Mono, Plumas, San Benito, Sierra, Siskiyou, Taja,a. Trinity, & Tuolumne counties only)	Employee Only	191	\$ 892.49	\$ 0.00	\$ 0.00	\$ 965.86	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,784.98	\$ 0.00	\$ 0.00	\$ 1,931.72	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,320.47	\$ 0.00	\$ 0.00	\$ 2,511.24	\$ 0.00	\$ 0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	184	\$ 656.96	\$ 0.00	\$ 0.00	\$ 753.72	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,313.92	\$ 0.00	\$ 0.00	\$ 1,507.44	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,708.10	\$ 0.00	\$ 0.00	\$ 1,959.67	\$ 0.00	\$ 0.00
KAISER PERMANENTE - OUT OF STATE (HMO)	Employee Only	Codes vary by region	\$ 1,312.45	\$ 329.45	\$ 324.45	\$ 1,422.26	\$ 362.26	\$ 357.26
	Employee + 1 Dependent		\$ 2,624.90	\$ 734.90	\$ 724.90	\$ 2,844.52	\$ 805.52	\$ 795.52
	Employee + 2 or more		\$ 3,412.37	\$ 1,046.37	\$ 1,026.37	\$ 3,697.88	\$ 1,146.88	\$ 1,126.88
PEACE OFFICERS RESEARCH ASSOC. OF CALIFORNIA (PORAC)** (PPO)	Employee Only	207	\$ 853.00	\$ 0.00	N/A	\$ 894.00	\$ 0.00	N/A
	Employee + 1 Dependent		\$ 1,708.00	\$ 0.00		\$ 1,789.00	\$ 0.00	
	Employee + 2 or more		\$ 2,220.00	\$ 0.00		\$ 2,325.00	\$ 0.00	

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			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
SHARP PERFORMANCE PLUS CALIFORNIA <i>(Restricted to San Diego County)</i>	Employee Only	189	\$ 833.24	\$ 0.00	\$ 0.00	\$ 868.45	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,666.48	\$ 0.00	\$ 0.00	\$ 1,736.90	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,166.42	\$ 0.00	\$ 0.00	\$ 2,257.97	\$ 0.00	\$ 0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	187	\$ 882.98	\$ 0.00	\$ 0.00	\$ 961.35	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,765.96	\$ 0.00	\$ 0.00	\$1,922.70	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$2,295.75	\$ 0.00	\$ 0.00	\$2,499.51	\$ 0.00	\$ 0.00
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	319	\$ 763.70	\$ 0.00	\$ 0.00	\$ 820.13	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,527.40	\$ 0.00	\$ 0.00	\$ 1,640.26	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,985.62	\$ 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	176	\$ 807.23	\$ 0.00	\$ 0.00	\$ 914.27	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,614.46	\$ 0.00	\$ 0.00	\$ 1,828.54	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,098.80	\$ 0.00	\$ 0.00	\$ 2,377.10	\$ 0.00	\$ 0.00
CSU Contribution (per Gov't Code):	2025							
*	All Units (except Unit 6)	Unit 6 Employees Only						
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*								
Employee Only	\$ 1,060	\$ 1,065						
Employee +1 Dependent	\$ 2,039	\$ 2,049						
Employee +2 or more Dependents	\$ 2,551	\$ 2,571						

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

NEW Health Plans Rates effective January 1, 2025

Rev. 9/2024