2026 CalPERS Health Benefits Program
Basic Plan Rates Comparison

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2025			2026		
			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 Employee + 1 Dependent Employee + 2 or more	645	$ 1,335.30 $ 2,670.60 $ 3,471.78	$ 275.30 $ 631.60 $ 920.78	$ 270.30 $ 621.60 $ 900.78	$ 1,512.13 $ 3,024.26 $ 3,931.54	$ 428.13 $ 967.26 $ 1,293.54	$ 423.13 $ 957.26 $ 1,273.54
BLUE SHIELD of CA - PERS GOLD (PPO)	Employee Only Employee + 1 Dependent Employee + 2 or more	642	$ 943.70 $ 1,887.40 $ 2,453.62	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00	$ 1,043.37 $ 2,086.74 $ 2,712.76	$ 0.00 $ 29.74 $ 74.76	$ 0.00 $ 19.74 $ 54.76
ANTHEM BLUE CROSS - SELECT HMO CALIFORNIA	Employee Only Employee + 1 Dependent Employee + 2 or more	181	$ 1,021.71 $ 2,043.42 $ 2,656.45	$ 0.00 $ 4.42 $ 105.45	$ 0.00 $ 0.00 $ 85.45	$ 1,090.98 $ 2,181.96 $ 2,836.55	$ 6.98 $ 124.96 $ 198.55	$ 1.98 $ 114.96 $ 178.55
BLUE SHIELD ACCESS+ CALIFORNIA (HMO)	Employee Only Employee + 1 Dependent Employee + 2 or more	141	$ 965.86 $ 1,931.72 $ 2,511.24	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00	$ 1,088.52 $ 2,177.04 $ 2,830.15	$ 4.52 $ 120.04 $ 192.15	$ 0.00 $ 110.04 $ 172.15
KAISER PERMANENTE CALIFORNIA (HMO) (available in select zip codes in Monterey County)	Employee Only Employee + 1 Dependent Employee + 2 or more	056	$ 1,045.20 $ 2,090.40 $ 2,717.52	$ 0.00 $ 51.40 $ 166.52	$ 0.00 $ 41.40 $ 146.52	$ 1,097.94 $ 2,195.88 $ 2,854.64	$ 13.94 $ 138.88 $ 216.64	$ 8.94 $ 128.88 $ 196.64
ANTHEM BLUE CROSS - TRADITIONAL HMO CALIFORNIA	Employee Only Employee + 1 Dependent Employee + 2 or more	180	$ 1,309.07 $ 2,618.14 $ 3,403.58	$ 249.07 $ 579.14 $ 852.58	$ 244.07 $ 569.14 $ 832.58	$ 1,372.93 $ 2,745.86 $ 3,569.62	$ 288.93 $ 688.86 $ 931.62	$ 283.93 $ 678.86 $ 911.62
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 Employee + 1 Dependent Employee + 2 or more	191	$ 965.86 $ 1,931.72 $ 2,511.24	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00	$ 1,088.52 $ 2,177.04 $ 2,830.15	$ 4.52 $ 120.04 $ 192.15	$ 0.00 $ 110.04 $ 172.15
BLUE SHIELD TRIO - (Butte, El Dorado,Kern, Kings, Los Angeles, Nevada, Placer, Riverside, Sacramento, San Bernardino, Tulare & Yolo counties only - No longer avail. in Monterey County)	Employee Only Employee + 1 Dependent Employee + 2 or more	471	$ 909.10 $ 1,818.20 $ 2,363.66	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00	$ 936.58 $ 1,873.16 $ 2,435.11	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only Employee + 1 Dependent Employee + 2 or more	184	$ 753.72 $ 1,507.44 $ 1,959.67	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00	$ 789.13 $ 1,578.26 $ 2,051.74	$ 0.00 $ 0.00 $ 0.00	$ 0.00 $ 0.00 $ 0.00
KAISER PERMANENTE - OUT OF STATE (HMO)	Employee Only Employee + 1 Dependent Employee + 2 or more	Codes vary by region	$ 1,422.26 $ 2,844.52 $ 3,697.88	$ 362.26 $ 805.52 $ 1,146.88	$ 357.26 $ 795.52 $ 1,126.88	$ 1,398.96 $ 2,797.92 $ 3,637.30	$ 314.96 $ 740.92 $ 999.30	$ 309.96 $ 730.92 $ 979.30
PEACE OFFICERS RESEARCH ASSOC. OF CALIFORNIA (PORAC) (PPO)**	Employee Only Employee + 1 Dependent Employee + 2 or more	207	$ 894.00 $ 1,789.00 $ 2,325.00	$ 0.00 $ 0.00 $ 0.00	N/A	$ 974.00 $ 1,950.00 $ 2,534.00	$ 0.00 $ 0.00 $ 0.00	N/A

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HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2025 Total Mo. Premium	2025 Employee Monthly Cost (except Unit 6)	2025 Unit 6 Only Monthly Cost	2026 Total Mo. Premium	2026 Employee Monthly Cost (except Unit 6)	2026 Unit 6 Only Monthly Cost
SHARP PERFORMANCE PLUS CALIFORNIA ***(Restricted to San Diego County)***	Employee Only	189	$ 868.45	$ 0.00	$ 0.00	$ 916.20	$ 0.00	$ 0.00
	Employee + 1 Dependent		$ 1,736.90	$ 0.00	$ 0.00	$ 1,832.40	$ 0.00	$ 0.00
	Employee + 2 or more		$ 2,257.97	$ 0.00	$ 0.00	$ 2,382.12	$ 0.00	$ 0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	187	$ 961.35	$ 0.00	$ 0.00	$ 1,048.16	$ 0.00	$ 0.00
	Employee + 1 Dependent		$1,922.70	$ 0.00	$ 0.00	$ 2,096.32	$ 39.32	$ 29.32
	Employee + 2 or more		$2,499.51	$ 0.00	$ 0.00	$ 2,725.22	$ 87.22	$ 67.22
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	319	$ 820.13	$ 0.00	$ 0.00	$ 920.82	$ 0.00	$ 0.00
	Employee + 1 Dependent		$ 1,640.26	$ 0.00	$ 0.00	$ 1,841.64	$ 0.00	$ 0.00
	Employee + 2 or more		$ 2,132.34	$ 0.00	$ 0.00	$ 2,394.13	$ 0.00	$ 0.00
WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento, and other Northern regions)	Employee Only	176	$ 914.27	$ 0.00	$ 0.00	$ 969.58	$ 0.00	$ 0.00
	Employee + 1 Dependent		$ 1,828.54	$ 0.00	$ 0.00	$ 1,939.16	$ 0.00	$ 0.00
	Employee + 2 or more		$ 2,377.10	$ 0.00	$ 0.00	$ 2,520.91	$ 0.00	$ 0.00

CSU Contribution (per Gov't Code):	**2026**	
* * *	All Units (except Unit 6)	**Unit 6 Employees Only**
Employee Only	$ 1,084	$ 1,089
Employee +1 Dependent	$ 2,057	$ 2,067
Employee +2 or more Dependents	$ 2,638	$ 2,658

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

NEW Health Plans Rates effective January 1, 2026

Rev. 9/2025