

2024 COBRA MONTHLY RATES

CalPERS Health Plans				
Plan Code	Plan Name	2024 Monthly COBRA Premium		
		1 Party	2 Party	3 Party
181	Anthem Blue Cross Select HMO	\$944.08	\$1,888.16	\$2,454.61
180	Anthem Blue Cross Traditional HMO	\$1,221.90	\$2,443.80	\$3,176.93
172	Anthem Blue Cross EPO (Restricted to Del Norte County)	\$1,240.19	\$2,480.37	\$3,224.49
141	Blue Shield Access+ California	\$910.34	\$1,820.68	\$2,366.88
191	Blue Shield Access+ EPO (Restricted areas*)	\$910.34	\$1,820.68	\$2,366.88
471	Blue Shield TRIO (Restricted areas*)	\$826.44	\$1,652.89	\$2,148.75
184	Health Net Salud Y Mas California	\$670.10	\$1,340.20	\$1,742.26
056	Kaiser Permanente (CA)	\$983.43	\$1,966.87	\$2,556.93
varies	Kaiser Permanente Out-of-State	\$1,338.70	\$2,677.40	\$3,480.62
434	PERS Platinum	\$1,240.19	\$2,480.37	\$3,224.49
437	PERS Gold	\$876.50	\$1,752.99	\$2,278.89
207	PORAC	\$870.06	\$1,742.16	\$2,264.40
189	Sharp Performance Plus (Restricted to San Diego County)	\$849.90	\$1,699.81	\$2,209.75
187	United HealthCare Alliance HMO	\$900.64	\$1,801.28	\$2,341.67
319	UnitedHealthCare Harmony HMO	\$778.97	\$1,557.95	\$2,025.33
176	Western Health Advantage (Restricted to Bay Area, Sacramento Cnty, Humbolt and other northern regions only)	\$823.37	\$1,646.75	\$2,140.78

2024 Dental Plans

Delta Dental PPO – Indemnity Plan				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
Delta Basic	4918-2091	Excluded (E99) CalPERS Annuitants	Single Person Two People Three or More	\$31.06 \$58.67 \$117.80
Delta Enhanced Level I	4918-3091	Teaching Associates (Unit 11) English Language Program Instructors (Unit 13)	Single Person Two People Three or More	\$37.78 \$71.48 \$147.38
Delta Enhanced Level II	4918-4091	Executive (M98) Management Personnel Plan (M80) Confidential (C99) Physicians (Unit 1) CSUEU (Units 2, 5, 7, 9) Faculty (Unit 3) Academic Support (Unit 4) Teamsters (Unit 6) Public Safety (Unit 8) CMA Operating Engineers (Unit 10) FERP Annuitants	Single Person Two People Three or More	\$46.77 \$88.25 \$172.41

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DeltaCare USA (California Residents Only)				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
DeltaCare USA Basic	72034-0011	Excluded (E99)	Single Person	\$19.23
		Teaching Associates (Unit 11)	Two People	\$31.70
		English Language Program	Three or More	\$46.89
		Instructors (Unit 13)		
		CalPERS Annuitants		
DeltaCare USA Enhanced	72034-0012	Executive (M98)	Single Person	\$25.54
		Management Personnel Plan (M80)	Two People	\$42.16
		Confidential (C99)	Three or More	\$62.34
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
		Teamsters (Unit 6)		
		Public Safety (Unit 8)		
		CMA Operating Engineers (Unit 10)		
		FERP Annuitants		

2024 Vision Plan – Active and FERP

Enrollment	Actives		FERPs
	Basic (Group # 30059426)	Premier (Group # 30077022)	Premier (Group # 30077315)
	Monthly Premium	Monthly Premium	Monthly Premium
One Person	\$7.09	\$11.20	\$11.20
Two People	\$7.09	\$22.40	\$22.40
Three or More	\$7.09	\$36.07	\$36.07

2024 Voluntary Vision Plan - Retirees

Enrollment	Retirees	
	Basic (Group # 30059425)	Premier (Group # 30078083)
	Monthly Premium	Monthly Premium
One Person	\$5.20	\$15.09
Two People	\$9.49	\$28.18
Three or More	\$10.17	\$30.23