

2021 CalPERS HEALTH BENEFITS PROGRAM

Basic Plan Rates

| HEALTH PLAN | Enrolled Employee & Eligible Dependents | Plan Number | 2021 Total Monthly Premium | All Employee Groups (except Teamsters 2010 – Unit 6) | | | Teamsters 2010 – Unit 6 | | |
|--|---|-------------|----------------------------|---|------------------------------|------------------------------|-------------------------|------------------------------|------------------------------|
| | | | | 2021 Amount Paid by CSU | 2021 Amount Paid by Employee | 2020 Amount Paid by Employee | 2021 Amount Paid by CSU | 2021 Amount Paid by Employee | 2020 Amount Paid by Employee |
| Anthem Blue Cross Select HMO California | Employee Only | 181 | \$800.55 | \$798.00 | \$2.55 | \$20.79 | \$800.55 | \$0.00 | \$15.79 |
| | Employee + 1 | | \$1,601.10 | \$1,519.00 | \$82.10 | \$114.58 | \$1,529.00 | \$72.10 | \$104.58 |
| | Employee + 2 or more | | \$2,081.43 | \$1,937.00 | \$144.43 | \$180.25 | \$1,957.00 | \$124.43 | \$160.25 |
| Anthem Blue Cross Traditional HMO California | Employee Only | 180 | \$1,220.32 | \$798.00 | \$422.32 | \$348.475 | \$803.00 | \$417.32 | \$343.75 |
| | Employee + 1 | | \$2,440.64 | \$1,519.00 | \$921.64 | \$770.50 | \$1,529.00 | \$911.64 | \$760.50 |
| | Employee + 2 or more | | \$3,172.83 | \$1,937.00 | \$1,235.83 | \$1,032.95 | \$1,957.00 | \$1,215.83 | \$1,012.95 |
| Anthem Blue Cross EPO California (Restricted to Del Norte County) | Employee Only | 172 | \$849.23 | \$798.00 | \$51.23 | \$20.00 | \$803.00 | \$46.23 | \$15.00 |
| | Employee + 1 | | \$1,698.46 | \$1,519.00 | \$179.46 | \$131.56 | \$1,529.00 | \$169.64 | \$103.00 |
| | Employee + 2 or more | | \$2,208.00 | \$1,937.00 | \$271.00 | \$178.20 | \$1,957.00 | \$251.00 | \$158.20 |
| Blue Shield Access+ California | Employee Only | 141 | \$938.96 | \$798.00 | \$140.96 | \$143.16 | \$803.00 | \$135.96 | \$138.16 |
| | Employee + 1 | | \$1,877.92 | \$1,519.00 | \$358.92 | \$359.32 | \$1,529.00 | \$348.92 | \$349.32 |
| | Employee + 2 or more | | \$2,441.30 | \$1,937.00 | \$504.30 | \$498.42 | \$1,957.00 | \$484.30 | \$478.42 |
| Blue Shield Access+ EPO California (Restricted to Colusa, Mendocino & Sierra Counties) | Employee Only | 191 | \$938.96 | \$798.00 | \$140.96 | \$143.16 | \$803.00 | \$135.96 | \$138.16 |
| | Employee + 1 | | \$1,877.92 | \$1,519.00 | \$358.92 | \$359.32 | \$1,529.00 | \$348.92 | \$349.32 |
| | Employee + 2 or more | | \$2,441.30 | \$1,937.00 | \$504.30 | \$498.42 | \$1,957.00 | \$484.30 | \$478.42 |
| Blue Shield Trio | Employee Only | 471 | \$722.56 | \$722.06 | \$0.00 | \$0.00 | \$722.56 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$1,445.12 | \$1,445.12 | \$0.00 | \$0.00 | \$1,445.12 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,878.66 | \$1,878.66 | \$0.00 | \$0.00 | \$1,878.66 | \$0.00 | \$0.00 |
| Health Net Salud y Mas California | Employee Only | 184 | \$425.02 | \$425.02 | \$0.00 | \$0.00 | \$425.02 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$850.04 | \$850.04 | \$0.00 | \$0.00 | \$850.04 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,105.05 | \$1,105.05 | \$0.00 | \$0.00 | \$1,105.05 | \$0.00 | \$0.00 |
| Health Net SmartCare California | Employee Only | 185 | \$924.36 | \$798.00 | \$126.36 | \$93.96 | \$803.00 | \$121.36 | \$88.96 |
| | Employee + 1 | | \$1,848.72 | \$1,519.00 | \$329.72 | \$260.92 | \$1,529.00 | \$319.72 | \$250.92 |
| | Employee + 2 or more | | \$2,403.34 | \$1,937.00 | \$466.34 | \$370.50 | \$1,957.00 | \$446.34 | \$350.50 |
| Kaiser Permanente California | Employee Only | 056 | \$761.62 | \$761.62 | \$0.00 | \$0.00 | \$761.62 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$1,523.24 | \$1,519.00 | \$4.24 | \$0.00 | \$1,523.24 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,980.21 | \$1,937.00 | \$43.21 | \$30.13 | \$1,957.00 | \$23.21 | \$10.13 |

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| HEALTH PLAN | Enrolled Employee & Eligible Dependents | Plan Number | 2021 Total Monthly Premium | All Employee Groups (except Teamsters 2010 – Unit 6) | | | Teamsters 2010 – Unit 6 | | |
|--|---|----------------------|----------------------------|---|------------------------------|------------------------------|-------------------------|------------------------------|------------------------------|
| | | | | 2021 Amount Paid by CSU | 2021 Amount Paid by Employee | 2020 Amount Paid by Employee | 2021 Amount Paid by CSU | 2021 Amount Paid by Employee | 2020 Amount Paid by Employee |
| Kaiser Permanente - Out Of State | Employee Only | Codes vary by region | \$1,040.15 | \$798.00 | \$242.15 | \$228.19 | \$803.00 | \$237.15 | \$223.19 |
| | Employee + 1 | | \$2,080.30 | \$1,519.00 | \$561.30 | \$529.38 | \$1,529.00 | \$551.30 | \$519.38 |
| | Employee + 2 or more | | \$2,704.39 | \$1,937.00 | \$767.39 | \$719.49 | \$1,957.00 | \$747.39 | \$699.49 |
| PERSCare | Employee Only | 278 | \$1,111.87 | \$798.00 | \$313.87 | \$222.88 | \$803.00 | \$308.87 | \$217.88 |
| | Employee + 1 | | \$2,223.74 | \$1,519.00 | \$704.74 | \$518.76 | \$1,529.00 | \$694.74 | \$508.76 |
| | Employee + 2 or more | | \$2,890.86 | \$1,937.00 | \$953.86 | \$705.69 | \$1,957.00 | \$933.86 | \$685.69 |
| PERS Choice | Employee Only | 222 | \$849.23 | \$798.00 | \$51.23 | \$20.00 | \$803.00 | \$46.23 | \$15.00 |
| | Employee + 1 | | \$1,698.46 | \$1,519.00 | \$179.46 | \$113.00 | \$1,529.00 | \$169.46 | \$103.00 |
| | Employee + 2 or more | | \$2,208.00 | \$1,937.00 | \$271.00 | \$178.20 | \$1,957.00 | \$251.00 | \$158.20 |
| PERS Select California | Employee Only | 045 | \$527.39 | \$527.39 | \$0.00 | \$0.00 | \$527.39 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$1,054.78 | \$1,054.78 | \$0.00 | \$0.00 | \$1,054.78 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,371.21 | \$1,371.21 | \$0.00 | \$0.00 | \$1,371.21 | \$0.00 | \$0.00 |
| Peace Officers Research Association of California (PORAC)* | Employee Only | 207 | \$750.00 | \$750.00 | \$0.00 | \$0.00 | N/A | N/A | N/A |
| | Employee + 1 | | \$1,449.00 | \$1,449.00 | \$0.00 | \$0.00 | | | |
| | Employee + 2 or more | | \$1,927.00 | \$1,927.00 | \$0.00 | \$59.00 | | | |
| Sharp Performance Plus California <small>(Restricted to San Diego County)</small> | Employee Only | 189 | \$632.27 | \$632.27 | \$0.00 | \$0.00 | \$632.27 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$1,264.54 | \$1,264.54 | \$0.00 | \$0.00 | \$1,264.54 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,643.90 | \$1,643.90 | \$0.00 | \$0.00 | \$1,643.90 | \$0.00 | \$0.00 |
| Unitedhealthcare Alliance HMO California | Employee Only | 187 | \$755.61 | \$755.61 | \$0.00 | \$0.00 | \$755.61 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$1,511.22 | \$1,511.22 | \$0.00 | \$0.00 | \$1,511.22 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,964.59 | \$1,937.00 | \$27.59 | \$22.07 | \$1,957.00 | \$7.59 | \$2.07 |
| Western Health Advantage <small>(Restricted to Bay Area, Sacramento and other Northern regions)</small> | Employee Only | 176 | \$757.02 | \$757.02 | \$0.00 | \$0.00 | \$757.02 | \$0.00 | \$0.00 |
| | Employee + 1 | | \$1,514.04 | \$1,519.04 | \$0.00 | \$2.92 | \$1,514.04 | \$0.00 | \$0.00 |
| | Employee + 2 or more | | \$1,968.25 | \$1,937.00 | \$31.25 | \$35.10 | \$1,957.00 | \$11.25 | \$15.10 |

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