

## CaIPERS HEALTH BENEFITS PROGRAM BASIC PLAN RATES

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2025 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee	2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee
<b>ANTHEM BLUE CROSS SELECT HMO CALIFORNIA</b>	Employee Only	\$1,021.71	\$1,021.71	\$0.00	\$0.00	\$1,021.71	\$0.00	\$0.00
	Employee + 1	\$2,043.42	\$2,039.00	\$4.42	\$0.00	\$2,043.42	\$0.00	\$0.00
	Employee + 2 or more	\$2,656.45	\$2,551.00	\$105.45	\$40.48	\$2,571.00	\$85.45	\$20.48
<b>ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA</b>	Employee Only	\$1,309.07	\$1,060.00	\$249.07	\$214.94	\$1,065.00	\$244.07	\$209.94
	Employee + 1	\$2,618.14	\$2,039.00	\$579.14	\$505.88	\$2,049.00	\$569.14	\$495.88
	Employee + 2 or more	\$3,403.58	\$2,551.00	\$852.58	\$748.64	\$2,571.00	\$832.58	\$728.64
<b>BLUE SHIELD ACCESS+ CALIFORNIA</b>	Employee Only	\$965.86	\$965.86	\$0.00	\$0.00	\$965.86	\$0.00	\$0.00
	Employee + 1	\$1,931.72	\$1,931.72	\$0.00	\$0.00	\$1,931.72	\$0.00	\$0.00
	Employee + 2 or more	\$2,511.24	\$2,511.24	\$0.00	\$0.00	\$2,511.24	\$0.00	\$0.00
<b>BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to certain counties)</b>	Employee Only	\$965.86	\$965.86	\$0.00	\$0.00	\$965.86	\$0.00	\$0.00
	Employee + 1	\$1,931.72	\$1,931.72	\$0.00	\$0.00	\$1,931.72	\$0.00	\$0.00
	Employee + 2 or more	\$2,511.24	\$2,511.24	\$0.00	\$0.00	\$2,511.24	\$0.00	\$0.00
<b>BLUE SHIELD TRIO (Restricted to certain counties)</b>	Employee Only	\$909.10	\$909.10	\$0.00	\$0.00	\$909.10	\$0.00	\$0.00
	Employee + 1	\$1,818.20	\$1,818.20	\$0.00	\$0.00	\$1,818.20	\$0.00	\$0.00
	Employee + 2 or more	\$2,363.66	\$2,363.66	\$0.00	\$0.00	\$2,363.66	\$0.00	\$0.00
<b>HEALTH NET SALUD Y MAS CALIFORNIA</b>	Employee Only	\$753.72	\$753.72	\$0.00	\$0.00	\$753.72	\$0.00	\$0.00
	Employee + 1	\$1,507.44	\$1,507.44	\$0.00	\$0.00	\$1,507.44	\$0.00	\$0.00
	Employee + 2 or more	\$1,959.67	\$1,959.67	\$0.00	\$0.00	\$1,959.67	\$0.00	\$0.00
<b>KAISER PERMANENTE CALIFORNIA</b>	Employee Only	\$1,045.20	\$1,045.20	\$0.00	\$0.00	\$1,045.20	\$0.00	\$0.00
	Employee + 1	\$2,090.40	\$2,039.00	\$51.40	\$38.30	\$2,049.00	\$41.40	\$28.30
	Employee + 2 or more	\$2,717.52	\$2,551.00	\$166.52	\$140.79	\$2,571.00	\$146.52	\$120.79
<b>KAISER PERMANENTE – OUT OF STATE</b>	Employee Only	\$1,422.26	\$1,060.00	\$362.26	\$329.45	\$1,065.00	\$357.26	\$324.45
	Employee + 1	\$2,844.52	\$2,039.00	\$805.52	\$734.90	\$2,049.00	\$795.52	\$724.90
	Employee + 2 or more	\$3,697.88	\$2,551.00	\$1,146.88	\$1,046.37	\$2,571.00	\$1,126.88	\$1,026.37

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<b>PERS PLATINUM</b>	Employee Only	\$1,335.30	\$1,060.00	\$275.30	\$232.87	\$1,065.00	\$270.30	\$227.87
	Employee + 1	\$2,670.60	\$2,039.00	\$631.60	\$541.74	\$2,049.00	\$621.60	\$531.74
	Employee + 2 or more	\$3,471.78	\$2,551.00	\$920.78	\$795.26	\$2,571.00	\$900.78	\$775.26
<b>PERS GOLD</b>	Employee Only	\$943.70	\$943.70	\$0.00	\$0.00	\$943.70	\$0.00	\$0.00
	Employee + 1	\$1,887.40	\$1,887.40	\$0.00	\$0.00	\$1,887.40	\$0.00	\$0.00
	Employee + 2 or more	\$2,453.62	\$2,453.62	\$0.00	\$0.00	\$2,453.62	\$0.00	\$0.00
<b>PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*</b>	Employee Only	\$894.00	\$894.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1	\$1,789.00	\$1,789.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$2,325.00	\$2,325.00	\$0.00	\$0.00	N/A	N/A	N/A
<b>SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)</b>	Employee Only	\$868.45	\$868.45	\$0.00	\$0.00	\$868.45	\$0.00	\$0.00
	Employee + 1	\$1,736.90	\$1,736.90	\$0.00	\$0.00	\$1,736.90	\$0.00	\$0.00
	Employee + 2 or more	\$2,257.97	\$2,257.97	\$0.00	\$0.00	\$2,257.97	\$0.00	\$0.00
<b>UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA</b>	Employee Only	\$961.35	\$961.35	\$0.00	\$0.00	\$961.35	\$0.00	\$0.00
	Employee + 1	\$1,922.70	\$1,922.70	\$0.00	\$0.00	\$1,922.70	\$0.00	\$0.00
	Employee + 2 or more	\$2,499.51	\$2,499.51	\$0.00	\$0.00	\$2,499.51	\$0.00	\$0.00
<b>UNITEDHEALTHCARE HARMONY HMO CALIFORNIA</b>	Employee Only	\$820.13	\$820.13	\$0.00	\$0.00	\$820.13	\$0.00	\$0.00
	Employee + 1	\$1,640.26	\$1,640.26	\$0.00	\$0.00	\$1,640.26	\$0.00	\$0.00
	Employee + 2 or more	\$2,132.34	\$2,132.34	\$0.00	\$0.00	\$2,132.34	\$0.00	\$0.00
<b>WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento and other Northern regions)</b>	Employee Only	\$914.27	\$914.27	\$0.00	\$0.00	\$914.27	\$0.00	\$0.00
	Employee + 1	\$1,828.54	\$1,828.54	\$0.00	\$0.00	\$1,828.54	\$0.00	\$0.00
	Employee + 2 or more	\$2,377.10	\$2,377.10	\$0.00	\$0.00	\$2,377.10	\$0.00	\$0.00

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