

CaIPERS HEALTH BENEFITS PROGRAM

BASIC PLAN RATES

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2027 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2027 Amount Paid by CSU	2027 Amount Paid by Employee	2026 Amount Paid by Employee	2027 Amount Paid by CSU	2027 Amount Paid by Employee	2026 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	\$1,215.09	\$1,193.00	\$22.09	\$6.98	\$1,198.00	\$17.09	\$1.98
	Employee + 1	\$2,430.18	\$2,296.00	\$134.18	\$124.96	\$2,306.00	\$124.18	\$114.96
	Employee + 2 or more	\$3,159.23	\$2,867.00	\$292.23	\$198.55	\$2,887.00	\$272.23	\$178.55
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	\$1,475.65	\$1,193.00	\$282.65	\$288.93	\$1,198.00	\$277.65	\$283.93
	Employee + 1	\$2,951.30	\$2,296.00	\$655.30	\$688.86	\$2,306.00	\$645.30	\$678.86
	Employee + 2 or more	\$3,836.69	\$2,867.00	\$969.69	\$931.62	\$2,887.00	\$949.69	\$911.62
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	\$1,206.29	\$1,193.00	\$13.29	\$4.52	\$1,198.00	\$8.29	\$0.00
	Employee + 1	\$2,412.58	\$2,296.00	\$116.58	\$120.04	\$2,306.00	\$106.58	\$110.04
	Employee + 2 or more	\$3,136.35	\$2,867.00	\$269.35	\$192.15	\$2,887.00	\$249.35	\$172.15
BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to certain counties)	Employee Only	\$1,206.29	\$1,193.00	\$13.29	\$4.52	\$1,198.00	\$8.29	\$0.00
	Employee + 1	\$2,412.58	\$2,296.00	\$116.58	\$120.04	\$2,306.00	\$106.58	\$110.04
	Employee + 2 or more	\$3,136.35	\$2,867.00	\$269.35	\$192.15	\$2,887.00	\$249.35	\$172.15
BLUE SHIELD TRIO (Restricted to certain counties)	Employee Only	\$971.24	\$971.24	\$0.00	\$0.00	\$971.24	\$0.00	\$0.00
	Employee + 1	\$1,942.48	\$1,942.48	\$0.00	\$0.00	\$1,942.48	\$0.00	\$0.00
	Employee + 2 or more	\$2,525.22	\$2,525.22	\$0.00	\$0.00	\$2,525.22	\$0.00	\$0.00
HEALTH NET SALUD Y MAS CALIFORNIA (Restricted to certain counties)	Employee Only	\$855.93	\$855.93	\$0.00	\$0.00	\$855.93	\$0.00	\$0.00
	Employee + 1	\$1,711.86	\$1,711.86	\$0.00	\$0.00	\$1,711.86	\$0.00	\$0.00
	Employee + 2 or more	\$2,225.42	\$2,225.42	\$0.00	\$0.00	\$2,225.42	\$0.00	\$0.00
KAISER PERMANENTE – CALIFORNIA	Employee Only	\$1,125.15	\$1,125.15	\$0.00	\$13.94	\$1,125.15	\$0.00	\$8.94
	Employee + 1	\$2,250.30	\$2,250.30	\$0.00	\$138.88	\$2,250.30	\$0.00	\$128.88
	Employee + 2 or more	\$2,925.39	\$2,867.00	\$58.39	\$216.64	\$2,887.00	\$38.39	\$196.64
KAISER PERMANENTE – OUT OF STATE	Employee Only	\$1,502.12	\$1,193.00	\$309.12	\$314.96	\$1,198.00	\$304.12	\$309.96
	Employee + 1	\$3,004.24	\$2,296.00	\$708.24	\$740.92	\$2,306.00	\$698.24	\$730.92
	Employee + 2 or more	\$3,905.51	\$2,867.00	\$1,038.51	\$999.30	\$2,887.00	\$1,018.51	\$979.30

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KAISER PERMANENTE – NEVADA	Employee Only	\$1,347.87	\$1,193.00	\$154.87		\$1,198.00	\$149.87	
	Employee + 1	\$2,695.74	\$2,296.00	\$399.74	N/A	\$2,306.00	\$389.74	N/A
	Employee + 2 or more	\$3,504.46	\$2,867.00	\$637.46		\$2,887.00	\$617.46	
PERS PLATINUM	Employee Only	\$1,623.10	\$1,193.00	\$430.10	\$428.13	\$1,198.00	\$425.10	\$423.13
	Employee + 1	\$3,246.20	\$2,296.00	\$950.20	\$967.26	\$2,306.00	\$940.20	\$957.26
	Employee + 2 or more	\$4,220.06	\$2,867.00	\$1,353.06	\$1,293.54	\$2,887.00	\$1,333.06	\$1,273.54
PERS GOLD	Employee Only	\$1,119.94	\$1,119.94	\$0.00	\$0.00	\$1,119.94	\$0.00	\$0.00
	Employee + 1	\$2,239.88	\$2,239.88	\$0.00	\$29.74	\$2,239.88	\$0.00	\$19.74
	Employee + 2 or more	\$2,911.84	\$2,867.00	\$44.84	\$74.76	\$2,887.00	\$24.84	\$54.76
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	\$980.00	\$980.00	\$0.00	\$0.00			
	Employee + 1	\$1,975.00	\$1,975.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$2,570.00	\$2,570.00	\$0.00	\$0.00			
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	\$975.21	\$975.21	\$0.00	\$0.00	\$975.21	\$0.00	\$0.00
	Employee + 1	\$1,950.00	\$1,950.00	\$0.00	\$0.00	\$1,950.00	\$0.00	\$0.00
	Employee + 2 or more	\$2,535.55	\$2,535.55	\$0.00	\$0.00	\$2,535.55	\$0.00	\$0.00
SUTTER HEALTH (Restricted to certain counties)	Employee Only	\$1,130.67	\$1,130.67	\$0.00		\$1,130.67	\$0.00	
	Employee + 1	\$2,261.34	\$2,261.34	\$0.00	N/A	\$2,261.34	\$0.00	N/A
	Employee + 2 or more	\$2,939.74	\$2,867.00	\$72.74		\$2,887.00	\$52.74	
WESTERN HEALTH ADVANTAGE (Restricted to certain counties)	Employee Only	\$1,030.80	\$1,030.80	\$0.00	\$0.00	\$1,030.80	\$0.00	\$0.00
	Employee + 1	\$2,061.60	\$2,061.60	\$0.00	\$0.00	\$2,061.60	\$0.00	\$0.00
	Employee + 2 or more	\$2,680.08	\$2,680.08	\$0.00	\$0.00	\$2,680.08	\$0.00	\$0.00

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