2027 CalPERS Health Benefits Program Basic Monthly 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 CALIFORNIA HMO	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 CALIFORNIA HMO	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 HMO	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 HMO (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 HMO* (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 HMO	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
PERS PLATINUM PPO	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 PPO	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) PPO**	Employee Only	$980.00	$980.00	**$0.00**	$0.00	**N/A**	**N/A**	**N/A**
	Employee + 1	$1,975.00	$1,975.00	**$0.00**	$0.00			
	Employee + 2 or more	$2,570.00	$2,570.00	**$0.00**	$0.00			

*Effective January 1, 2027, Blue Shield of California EPO expands into select areas of Alpine, Amador, El Dorado, Nevada, Placer, San Bernardino, Sutter, and Yuba counties

**Blue Shield Trio (Los Angeles, Orange, Riverside, San Bernardino, and Ventura) HMO

***Health Net Salud y Mas California (Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino and San Diego counties)

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