

**CalPERS Health Benefits Program
2023-2024 Basic Plan Monthly Rates**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	All Employee Groups (except Unit 6)			Unit 6		
		2024 Amount Paid by CSU	2024 Amount Paid by Employee	2023 Amount Paid by Employee	2024 Amount Paid by CSU	2024 Amount Paid by Employee	2023 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT CALIFORNIA (HMO)	Employee Only	\$925.57	\$0.00	\$20.85	\$925.57	\$0.00	\$15.85
	Employee + 1	\$1,851.14	\$0.00	\$108.70	\$1,851.14	\$0.00	\$98.70
	Employee + 2 or more	\$2,366.00	\$40.48	\$226.01	\$2,386.00	\$20.48	\$206.01
ANTHEM BLUE CROSS TRADITIONAL CALIFORNIA (HMO)	Employee Only	\$983.00	\$214.94	\$233.65	\$988.00	\$209.94	\$228.65
	Employee + 1	\$1,890.00	\$505.88	\$534.30	\$1,900.00	\$495.88	\$524.30
	Employee + 2 or more	\$2,366.00	\$748.64	\$779.29	\$2,386.00	\$728.64	\$759.29
BLUE SHIELD ACCESS+ CALIFORNIA (HMO)	Employee Only	\$892.49	\$0.00	\$0.00	\$892.49	\$0.00	\$0.00
	Employee + 1	\$1,784.98	\$0.00	\$0.00	\$1,784.98	\$0.00	\$0.00
	Employee + 2 or more	\$2,320.47	\$0.00	\$66.79	\$2,320.47	\$0.00	\$46.79
BLUE SHIELD TRIO * (HMO) (Restricted to certain counties)	Employee Only	\$810.24	\$0.00	\$0.00	\$810.24	\$0.00	\$0.00
	Employee + 1	\$1,620.48	\$0.00	\$0.00	\$1,620.48	\$0.00	\$0.00
	Employee + 2 or more	\$2,106.62	\$0.00	\$0.00	\$2,106.62	\$0.00	\$0.00
HEALTH NET SALUD Y MAS CALIFORNIA (HMO)	Employee Only	\$656.96	\$0.00	\$0.00	\$656.96	\$0.00	\$0.00
	Employee + 1	\$1,313.92	\$0.00	\$0.00	\$1,313.92	\$0.00	\$0.00
	Employee + 2 or more	\$1,708.10	\$0.00	\$0.00	\$1,708.10	\$0.00	\$0.00
KAISER PERMANENTE CALIFORNIA (HMO)	Employee Only	\$964.15	\$0.00	\$0.00	\$964.15	\$0.00	\$0.00
	Employee + 1	\$1,890.00	\$38.30	\$6.36	\$1,900.00	\$28.30	\$0.00
	Employee + 2 or more	\$2,366.00	\$140.79	\$92.97	\$2,386.00	\$120.79	\$72.97
PERS PLATINUM (PPO)	Employee Only	\$983.00	\$232.87	\$200.89	\$988.00	\$227.87	\$195.89
	Employee + 1	\$1,890.00	\$541.74	\$468.78	\$1,900.00	\$531.74	\$458.78
	Employee + 2 or more	\$2,366.00	\$795.26	\$694.11	\$2,386.00	\$775.26	\$674.11
PERS GOLD (PPO)	Employee Only	\$859.31	\$0.00	\$0.00	\$859.31	\$0.00	\$0.00
	Employee + 1	\$1,718.62	\$0.00	\$0.00	\$1,718.62	\$0.00	\$0.00
	Employee + 2 or more	\$2,234.21	\$0.00	\$0.00	\$2,234.21	\$0.00	\$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*** (PPO)	Employee Only	\$853.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1	\$1,708.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$2,220.00	\$0.00	\$0.00	N/A	N/A	N/A
UNITEDHEALTHCARE ALLIANCE CALIFORNIA (HMO)	Employee Only	\$882.98	\$0.00	\$0.00	\$882.98	\$0.00	\$0.00
	Employee + 1	\$1,765.96	\$0.00	\$0.00	\$1,765.96	\$0.00	\$0.00
	Employee + 2 or more	\$2,295.75	\$0.00	\$64.47	\$2,295.75	\$0.00	\$44.47
UNITEDHEALTHCARE HARMONY CALIFORNIA ** (HMO)	Employee Only	\$763.70	\$0.00	\$0.00	\$763.70	\$0.00	\$0.00
	Employee + 1	\$1,527.40	\$0.00	\$0.00	\$1,527.40	\$0.00	\$0.00
	Employee + 2 or more	\$1,985.62	\$0.00	\$0.00	\$1,985.62	\$0.00	\$0.00

*Restricted to participating Trio networks and ZIP codes within Los Angeles, Riverside, San Bernardino counties.

**This plan is available in 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.