## CalPERS Health Benefits Program 2022-2023

Basic Plan Rate Comparison

	Enrolled Employee &	2022				2023			
HEALTH PLAN	Eligible Dependents	Amount Paid	Employee	<b>Amount Paid</b>	Unit 6 Mo.	<b>Amount Paid</b>	Employee	<b>Amount Paid</b>	Unit 6 Mo.
	Eligible Dependents	by CSU	Mo. Ded	by CSU	Ded	by CSU	Mo. Ded	by CSU	Ded
(HMO)	Employee Only	\$816.00	\$32.08	\$821.00	\$27.08	\$883.00	\$20.85	\$888.00	\$15.85
	Employee + 1	\$1,548.00	\$148.16	\$1,558.00	\$138.16	\$1,699.00	\$108.70	\$1,709.00	\$98.70
	Employee + 2 or more	\$1,983.00	\$222.01	\$2,003.00	\$202.01	\$2,124.00	\$226.01	\$2,144.00	\$206.01
TRADITIONAL (HMO)	Employee Only	\$816.00	\$382.07	\$821.00	\$377.07	\$883.00	\$233.65	·	\$228.65
	Employee + 1	\$1,548.00	\$848.14	\$1,558.00	\$838.14		\$534.30		\$524.30
	Employee + 2 or more	\$1,983.00	\$1,131.98	\$2,003.00	\$1,111.98		\$779.29		\$759.29
BLUE SHIELD ACCESS+ (HMO)	Employee Only	\$742.70	\$84.22	\$821.00	\$79.22	\$842.61	\$0.00		\$0.00
	Employee + 1	\$1,548.00	\$252.44	\$1,558.00	\$242.44		\$0.00		\$0.00
	Employee + 2 or more	\$1,983.00	\$357.57	\$2,003.00	\$337.57	\$2,124.00	\$66.79		\$46.79
BLUE SHIELD TRIO* (HMO)	Employee Only	\$742.70	\$0.00		\$0.00		\$0.00		\$0.00
	Employee + 1	\$1,485.40	\$0.00	. ,	\$0.00		\$0.00		\$0.00
	Employee + 2 or more	\$1,931.02	\$0.00		\$0.00		\$0.00		\$0.00
HEALTH NET SALUD Y MAS (HMO)	Employee Only	\$486.51	\$0.00		\$0.00		\$0.00	·	\$0.00
		\$973.02	\$0.00		\$0.00		\$0.00		\$0.00
	Employee + 2 or more	\$1,264.93	\$0.00		\$0.00		\$0.00		\$0.00
HEALTH NET SMARTCARE (HMO)	Employee Only	\$816.00	\$191.13		\$186.13		\$110.39		\$105.39
		\$1,548.00	\$466.26	\$1,558.00	\$456.26		\$287.78		\$277.78
	Employee + 2 or more	\$1,983.00	\$635.54	\$2,003.00	\$615.54		\$458.81	\$2,144.00	\$438.81
KAISER PERMANENTE (HMO)	Employee Only	\$804.67	\$0.00		\$0.00		\$0.00		\$0.00
	Employee + 1	\$1,548.00	\$61.34	\$1,558.00	\$51.34		\$6.36		\$0.00
	Employee + 2 or more	\$1,983.00	\$109.14	\$2,003.00	\$89.14		\$92.97		\$72.97
	Employee Only	\$816.00	\$130.78		\$125.78	·	\$200.89		\$195.89
	Employee + 1	\$1,548.00	\$345.56	. ,	\$335.56		\$468.78		\$458.78
	Employee + 2 or more	\$1,983.00	\$478.63		\$458.63	\$2,124.00	\$694.11	\$2,144.00	\$674.11
	Employee Only	\$650.38	\$0.00		\$0.00	·	\$0.00	·	\$0.00
	Employee + 1	\$1,300.76	\$0.00		\$0.00		\$0.00		\$0.00
	Employee + 2 or more	\$1,690.99	\$0.00		\$0.00		\$0.00		\$0.00
	Employee Only	\$750.00	\$0.00			\$775.00			
	Employee + 1	\$1,449.00	\$0.00			\$1,525.00	\$0.00		
(PORAC)* (PPO)	Employee + 2 or more	\$1,927.00	\$0.00			\$2,000.00	\$0.00		
	Employee Only	\$816.00	\$2.03		\$0.00	·	\$0.00	·	\$0.00
	Employee + 1	\$1,548.00	\$88.06	\$1,558.00	\$78.06	\$1,683.44	\$0.00	\$1,683.44	\$0.00
	Employee + 2 or more	\$1,983.00	\$143.88		\$123.88		\$64.47	\$2,144.00	\$44.47
UNITEDHEALTHCARE HARMONY (HMO)	Employee Only	\$737.35	\$0.00	\$737.35	\$0.00	\$722.28	\$0.00	\$722.28	\$0.00
	Employee + 1	\$1,474.70	\$0.00	\$1,474.70	\$0.00	\$1,444.56	\$0.00	\$1,444.56	\$0.00
	Employee + 2 or more	\$1,917.11	\$0.00	\$1,917.11	\$0.00	\$1,877.93	\$0.00	\$1,877.93	\$0.00

<sup>\*</sup>Restricted to participating Trio networks and ZIP codes within Los Angeles County.

<sup>\*\*</sup>This plan is available in Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties

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