

**2024 CalPERS Health Benefits Program
Basic Plan Rates Comparison**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2023			2024		
			Total Mo. Premium	Employee Monthly Cost (except Unit 6)	Unit 6 Only Monthly Cost	Total Mo. Premium	Employee Monthly Cost (except Unit 6)	Unit 6 Only Monthly Cost
ANTHEM BLUE CROSS - PERS PLATINUM (PPO)	Employee Only	434	\$1,083.89	\$ 200.89	\$ 195.89	\$ 1,215.87	\$ 232.87	\$ 227.87
	Employee + 1 Dependent		\$2,167.78	\$ 468.78	\$ 458.78	\$ 2,431.74	\$ 541.74	\$ 531.74
	Employee + 2 or more		\$2,818.11	\$ 694.11	\$ 674.11	\$ 3,161.26	\$ 795.26	\$ 775.26
ANTHEM BLUE CROSS - PERS GOLD (PPO)	Employee Only	437	\$ 766.11	\$ 0.00	\$ 0.00	\$ 859.31	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,532.22	\$ 0.00	\$ 0.00	\$ 1,718.62	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$1,991.89	\$ 0.00	\$ 0.00	\$ 2,234.21	\$ 0.00	\$ 0.00
ANTHEM BLUE CROSS - SELECT HMO CALIFORNIA	Employee Only	181	\$ 903.85	\$ 20.85	\$ 15.85	\$ 925.57	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,807.70	\$ 108.70	\$ 98.70	\$ 1,851.14	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$2,350.01	\$ 226.01	\$ 206.01	\$ 2,406.48	\$ 40.48	\$ 20.48
BLUE SHIELD TRIO - (Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Placer, Riverside, Sacramento, San Bernardino, Tulare & Yolo counties only)	Employee Only	471	\$ 760.71	\$ 0.00	\$ 0.00	\$ 810.24	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,521.42	\$ 0.00	\$ 0.00	\$ 1,620.48	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$1,977.85	\$ 0.00	\$ 0.00	\$ 2,106.62	\$ 0.00	\$ 0.00
ANTHEM BLUE CROSS - TRADITIONAL HMO CALIFORNIA	Employee Only	180	\$1,116.65	\$ 233.65	\$ 228.65	\$ 1,197.94	\$ 214.94	\$ 209.94
	Employee + 1 Dependent		\$2,233.30	\$ 534.30	\$ 524.30	\$ 2,395.88	\$ 505.88	\$ 495.88
	Employee + 2 or more		\$2,903.29	\$ 779.29	\$ 759.29	\$ 3,114.64	\$ 748.64	\$ 728.64
ANTHEM BLUE CROSS - EPO CALIFORNIA (Available in Del Norte County only)	Employee Only	172	\$1,083.89	\$ 200.89	\$ 195.89	\$ 1,215.87	\$ 232.87	\$ 227.87
	Employee + 1 Dependent		\$2,167.78	\$ 468.78	\$ 458.78	\$ 2,431.74	\$ 541.74	\$ 531.74
	Employee + 2 or more		\$2,818.11	\$ 694.11	\$ 674.11	\$ 3,161.26	\$ 795.26	\$ 775.26
BLUE SHIELD ACCESS+ CALIFORNIA (HMO)	Employee Only	141	\$ 842.61	\$ 0.00	\$ 0.00	\$ 892.49	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,685.22	\$ 0.00	\$ 0.00	\$ 1,784.98	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$2,190.79	\$ 66.79	\$ 46.79	\$ 2,320.47	\$ 0.00	\$ 0.00
BLUE SHIELD ACCESS + EPO CALIFORNIA - (Alpine, Calaveras, Colusa, Del Norte, Onyo, Lake, Mendocino, Modoc, Mono, Plumas, San Benito, Sierra, Siskiyou, Taja,a. Trinity, & Tuolumne counties only)	Employee Only	191	\$ 842.61	\$ 0.00	\$ 0.00	\$ 892.49	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,685.22	\$ 0.00	\$ 0.00	\$ 1,784.98	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$2,190.79	\$ 66.79	\$ 46.79	\$ 2,320.47	\$ 0.00	\$ 0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	184	\$ 631.89	\$ 0.00	\$ 0.00	\$ 656.96	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,263.78	\$ 0.00	\$ 0.00	\$ 1,313.92	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$1,642.91	\$ 0.00	\$ 0.00	\$ 1,708.10	\$ 0.00	\$ 0.00
HEALTH NET SMARTCARE CALIFORNIA	Employee Only	185	\$ 993.39	\$ 110.39	\$ 105.39	N/A	N/A	N/A
	Employee + 1 Dependent		\$1,986.78	\$ 287.78	\$ 277.78			
	Employee + 2 or more		\$2,582.81	\$ 458.81	\$ 438.81			
KAISER PERMANENTE CALIFORNIA (HMO)	Employee Only	056	\$ 852.68	\$ 0.00	\$ 0.00	\$ 964.15	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$1,705.36	\$ 6.36	\$ 0.00	\$ 1,928.30	\$ 38.30	\$ 28.30
	Employee + 2 or more		\$2,216.97	\$ 92.97	\$ 72.97	\$ 2,506.79	\$ 140.79	\$ 120.79

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KAISER PERMANENTE - OUT OF STATE (HMO)	Employee Only	Codes vary by region	\$ 1,155.43	\$ 272.43	\$ 267.43	\$ 1,312.45	\$ 329.45	\$ 324.45
	Employee + 1 Dependent		\$ 2,310.86	\$ 611.86	\$ 601.86	\$ 2,624.90	\$ 734.90	\$ 724.90
	Employee + 2 or more		\$ 3,004.12	\$ 880.12	\$ 860.12	\$ 3,412.37	\$ 1,046.37	\$ 1,026.37
PEACE OFFICERS RESEARCH ASSOC. OF CALIFORNIA (PORAC)** (PPO)	Employee Only	207	\$ 775.00	\$ 0.00	N/A	\$ 853.00	\$ 0.00	N/A
	Employee + 1 Dependent		\$ 1,525.00	\$ 0.00		\$ 1,708.00	\$ 0.00	
	Employee + 2 or more		\$ 2,000.00	\$ 0.00		\$ 2,220.00	\$ 0.00	
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	189	\$ 764.96	\$ 0.00	\$ 0.00	\$ 833.24	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,529.92	\$ 0.00	\$ 0.00	\$ 1,666.48	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,988.90	\$ 0.00	\$ 0.00	\$ 2,166.42	\$ 0.00	\$ 0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	187	\$ 841.72	\$ 0.00	\$ 0.00	\$ 882.98	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,683.44	\$ 0.00	\$ 0.00	\$ 1,765.96	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 2,188.47	\$ 64.47	\$ 44.47	\$ 2,295.75	\$ 0.00	\$ 0.00
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	319	\$ 722.28	\$ 0.00	\$ 0.00	\$ 763.70	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,444.56	\$ 0.00	\$ 0.00	\$ 1,527.40	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,877.93	\$ 0.00	\$ 0.00	\$ 1,985.62	\$ 0.00	\$ 0.00
WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento, and other Northern regions)	Employee Only	176	\$ 760.17	\$ 0.00	\$ 0.00	\$ 807.23	\$ 0.00	\$ 0.00
	Employee + 1 Dependent		\$ 1,520.34	\$ 0.00	\$ 0.00	\$ 1,614.46	\$ 0.00	\$ 0.00
	Employee + 2 or more		\$ 1,976.44	\$ 0.00	\$ 0.00	\$ 2,098.80	\$ 0.00	\$ 0.00
CSU Contribution (per Gov't Code):	2024							
*	All Units (except Unit 6)	Unit 6 Employees Only						
*								
*								
Employee Only	\$ 983	\$ 988						
Employee +1 Dependent	\$ 1,890	\$ 1,900						
Employee +2 or more Dependents	\$ 2,366	\$ 2,386						

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

NEW Health Plans Rates effective January 1, 2024

Rev. 9/2023