CalPERS HEALTH BENEFITS PROGRAM
BASIC MONTHLY PLAN RATES

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2026 Total Monthly Premium	All Employee Groups (except Unit 6)			2026 Amount Paid by CSU	Unit 6 2026 Amount Paid by Employee	2025 Amount Paid by Employee
			2026 Amount Paid by CSU	2026 Amount Paid by Employee	2025 Amount Paid by Employee			
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	$1,090.98	$1,084.00	$6.98	$0.00	$1,089.00	$1.98	$0.00
	Employee + 1	$2,181.96	$2,057.00	$124.96	$4.42	$2,067.00	$114.96	$0.00
	Employee + 2 or more	$2,836.55	$2,638.00	$198.55	$105.45	$2,658.00	$178.55	$85.45
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	$1,372.93	$1,084.00	$288.93	$249.07	$1,089.00	$283.93	$244.07
	Employee + 1	$2,745.86	$2,057.00	$688.86	$579.14	$2,067.00	$678.86	$569.14
	Employee + 2 or more	$3,569.62	$2,638.00	$931.62	$852.58	$2,658.00	$911.62	$832.58
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	$1,088.52	$1,084.00	$4.52	$0.00	$1,088.52	$0.00	$0.00
	Employee + 1	$2,177.04	$2,057.00	$120.04	$0.00	$2,067.00	$110.04	$0.00
	Employee + 2 or more	$2,830.15	$2,638.00	$192.15	$0.00	$2,658.00	$172.15	$0.00
BLUE SHIELD TRIO * (Restricted to certain counties)	Employee Only	$936.58	$936.58	$0.00	$0.00	$936.58	$0.00	$0.00
	Employee + 1	$1,873.16	$1,873.16	$0.00	$0.00	$1,873.16	$0.00	$0.00
	Employee + 2 or more	$2,435.11	$2,435.11	$0.00	$0.00	$2,435.11	$0.00	$0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	$789.13	$789.13	$0.00	$0.00	$789.13	$0.00	$0.00
	Employee + 1	$1,578.26	$1,578.26	$0.00	$0.00	$1,578.26	$0.00	$0.00
	Employee + 2 or more	$2,051.74	$2,051.74	$0.00	$0.00	$2,051.74	$0.00	$0.00
KAISER PERMANENTE CALIFORNIA	Employee Only	$1,097.94	$1,084.00	$13.94	$0.00	$1,089.00	$8.94	$0.00
	Employee + 1	$2,195.88	$2,057.00	$138.88	$51.40	$2,067.00	$128.88	$41.40
	Employee + 2 or more	$2,854.64	$2,638.00	$216.64	$166.52	$2,658.00	$196.64	$146.52
PERS PLATINUM	Employee Only	$1,512.13	$1,084.00	$428.13	$275.30	$1,089.00	$423.13	$270.30
	Employee + 1	$3,024.26	$2,057.00	$967.26	$631.60	$2,067.00	$957.26	$621.60
	Employee + 2 or more	$3,931.54	$2,638.00	$1,293.54	$920.78	$2,658.00	$1,273.54	$900.78
PERS GOLD	Employee Only	$1,043.37	$1,043.37	$0.00	$0.00	$1,043.37	$0.00	$0.00
	Employee + 1	$2,086.74	$2,057.00	$29.74	$0.00	$2,067.00	$19.74	$0.00
	Employee + 2 or more	$2,712.76	$2,638.00	$74.76	$0.00	$2,658.00	$54.76	$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)**	Employee Only	$974.00	$974.00	$0.00	$0.00	N/A	N/A	N/A
	Employee + 1	$1,950.00	$1,950.00	$0.00	$0.00			
	Employee + 2 or more	$2,534.00	$2,534.00	$0.00	$0.00			
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	$1,048.16	$1,048.16	$0.00	$0.00	$1,048.16	$0.00	$0.00
	Employee + 1	$2,096.32	$2,057.00	$39.32	$0.00	$2,067.00	$29.32	$0.00
	Employee + 2 or more	$2,725.22	$2,638.00	$87.22	$0.00	$2,658.00	$67.22	$0.00
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA***	Employee Only	$920.82	$920.82	$0.00	$0.00	$920.82	$0.00	$0.00
	Employee + 1	$1,841.64	$1,841.64	$0.00	$0.00	$1,841.64	$0.00	$0.00
	Employee + 2 or more	$2,394.13	$2,394.13	$0.00	$0.00	$2,394.13	$0.00	$0.00

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

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

***This plan is available in Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties.