

2024 CalPERS HEALTH BENEFITS PROGRAM BASIC PLAN RATES

Monthly Employee Cost

HEALTH PLAN	Enrolled Employee & Eligible Dependents	All Employee Groups (except Teamsters 2010 - Unit 6)		Teamsters 2010 - Unit 6	
		2024 Amount Paid by Employee	2023 Amount Paid by Employee	2024 Amount Paid by Employee	2023 Amount Paid by Employee
Anthem Blue Cross Select HMO California	Employee Only	\$0.00	\$20.85	\$0.00	\$15.85
	Employee + 1	\$0.00	\$108.70	\$0.00	\$98.70
	Employee +2 or more	\$40.48	\$226.01	\$20.48	\$206.01
Anthem Blue Cross Traditional HMO California	Employee Only	\$214.94	\$233.65	\$209.94	\$228.65
	Employee + 1	\$505.88	\$534.30	\$495.88	\$524.30
	Employee +2 or more	\$748.64	\$779.29	\$728.64	\$759.29
Blue Shield Access+ California HMO	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$0.00	\$0.00	\$0.00	\$0.00
	Employee +2 or more	\$0.00	\$66.79	\$0.00	\$46.79
Kaiser Permanente California HMO	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$38.30	\$6.36	\$28.30	\$0.00
	Employee +2 or more	\$140.79	\$92.97	\$120.79	\$72.97
UnitedHealthcare Alliance HMO California	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$0.00	\$0.00	\$0.00	\$0.00
	Employee +2 or more	\$0.00	\$64.47	\$0.00	\$44.47
PERS Platinum PPO (Formerly PERS Care & PERS Choice)	Employee Only	\$232.87	\$200.89	\$227.87	\$195.89
	Employee + 1	\$541.74	\$468.78	\$531.74	\$458.78
	Employee +2 or more	\$795.26	\$694.11	\$775.26	\$674.11
PERS Gold PPO (Formerly PERS Select PPO)	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$0.00	\$0.00	\$0.00	\$0.00
	Employee +2 or more	\$0.00	\$0.00	\$0.00	\$0.00
Peace Officers Research Association of California (PORAC)*	Employee Only	\$0.00	\$0.00		
	Employee + 1	\$0.00	\$0.00	N/A	N/A
	Employee +2 or more	\$0.00	\$0.00		

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

2024 STATE EMPLOYER MONTHLY CONTRIBUTION RATE

The employer contribution rates below are what the CSU contributes toward your monthly health premium. The employee cost shown above is any amount above the employer contribution.

Coverage Level	All Employees (except Teamsters 2010 — Unit 6)	Teamsters 2010 - Unit 6
Employee Only	\$983	\$988
Employee + One	\$1,890	\$1,900
Employee + Family	\$2,366	\$2,386

FLEXCASH

FlexCash	Amount
Medical	\$128
Dental	\$12
Total	\$140

FlexCash is available if you are eligible for health and dental coverage and have other non-CSU group medical and/or dental coverage.