

## 2026 CalPERS HEALTH BENEFIT PLAN RATES

### Monthly Employee Cost

HEALTH PLAN	Enrolled Employee & Eligible Dependents	All Employee Groups (except Teamsters 2010 - Unit 6)		Teamsters 2010 - Unit 6	
		2026 Amount Paid by Employee	2025 Amount Paid by Employee	2026 Amount Paid by Employee	2025 Amount Paid by Employee
Anthem Blue Cross Select HMO California	Employee Only	\$6.98	\$0.00	\$1.98	\$0.00
	Employee + 1	\$124.96	\$4.42	\$114.96	\$0.00
	Employee +2 or more	\$198.55	\$105.45	\$178.55	\$20.48
Anthem Blue Cross Traditional HMO California	Employee Only	\$288.93	\$249.07	\$283.93	\$244.07
	Employee + 1	\$688.86	\$579.14	\$678.86	\$569.14
	Employee +2 or more	\$931.62	\$852.58	\$911.62	\$832.58
Blue Shield Access+ California HMO	Employee Only	\$4.52	\$0.00	\$0.00	\$0.00
	Employee + 1	\$120.04	\$0.00	\$110.04	\$0.00
	Employee +2 or more	\$192.15	\$0.00	\$172.15	\$0.00
Kaiser Permanente California HMO	Employee Only	\$13.94	\$0.00	\$8.94	\$0.00
	Employee + 1	\$138.88	\$51.40	\$128.88	\$41.40
	Employee +2 or more	\$216.64	\$166.52	\$196.64	\$146.52
UnitedHealthcare Alliance HMO California	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$39.32	\$0.00	\$29.32	\$0.00
	Employee +2 or more	\$87.22	\$0.00	\$67.22	\$0.00
PERS Platinum PPO	Employee Only	\$428.13	\$275.30	\$423.13	\$270.30
	Employee + 1	\$967.26	\$631.60	\$957.26	\$621.60
	Employee +2 or more	\$1,293.54	\$920.78	\$1,273.54	\$900.78
PERS Gold PPO	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$29.74	\$0.00	\$19.74	\$0.00
	Employee +2 or more	\$74.76	\$0.00	\$54.76	\$0.00
Peace Officers Research Association of California (PORAC)*	Employee Only	\$0.00	\$0.00	N/A	N/A
	Employee + 1	\$0.00	\$0.00		
	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

## 2026 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	\$1,084.00	\$1,089.00
Employee + One	\$2,057.00	\$2,067.00
Employee + Family	\$2,638.00	\$2,658.00

## 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.