

# 2021 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	
		2021 Amount Paid by Employee	2020 Amount Paid by Employee	2021 Amount Paid by Employee	2020 Amount Paid by Employee
<b>Anthem Blue Cross Select HMO California</b>	Employee Only	\$2.55	\$20.79	\$0.00	\$15.79
	Employee + 1	\$82.10	\$114.58	\$72.10	\$104.58
	Employee +2 or more	\$144.43	\$180.25	\$124.43	\$160.25
<b>Anthem Blue Cross Traditional HMO California</b>	Employee Only	\$422.32	\$348.75	\$417.32	\$343.75
	Employee + 1	\$921.64	\$770.50	\$911.64	\$760.50
	Employee +2 or more	\$1,235.83	\$1,032.95	\$1,215.83	\$1,012.95
<b>Blue Shield Access+ California HMO</b>	Employee Only	\$140.96	\$143.16	\$135.96	\$138.16
	Employee + 1	\$358.92	\$359.32	\$348.92	\$349.32
	Employee +2 or more	\$504.30	\$498.42	\$484.30	\$478.42
<b>Health Net Smartcare California HMO</b>	Employee Only	\$126.36	\$93.96	\$121.36	\$88.96
	Employee + 1	\$329.72	\$260.92	\$319.72	\$250.92
	Employee +2 or more	\$466.34	\$370.50	\$446.34	\$350.50
<b>Kaiser Permanente California HMO</b>	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$4.24	\$0.00	\$0.00	\$0.00
	Employee +2 or more	\$43.21	\$30.13	\$23.21	\$10.13
<b>Unitedhealthcare Alliance HMO California</b>	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + 1	\$0.00	\$0.00	\$0.00	\$0.00
	Employee +2 or more	\$27.59	\$22.07	\$7.59	\$2.07
<b>PERSCare PPO</b>	Employee Only	\$313.87	\$222.88	\$308.87	\$217.88
	Employee + 1	\$704.74	\$518.76	\$694.74	\$508.76
	Employee +2 or more	\$953.86	\$705.69	\$933.86	\$685.69
<b>PERS Choice PPO</b>	Employee Only	\$51.23	\$20.00	\$46.23	\$15.00
	Employee + 1	\$179.46	\$113.00	\$169.46	\$103.00
	Employee +2 or more	\$271.00	\$178.20	\$251.00	\$158.20
<b>PERS Select California PPO</b>	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
<b>Peace Officers Research Association of California (PORAC)*</b>	Employee Only	\$0.00	\$0.00		
	Employee + 1	\$0.00	\$0.00	N/A	N/A
	Employee +2 or more	\$0.00	\$59.00		

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

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## Monthly Employee Cost

### 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	\$798	\$803
Employee + One	\$1,519	\$1,529
Employee + Family	\$1,937	\$1,957

### 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.

During Open Enrollment, you may enroll or make changes to your existing FlexCash election.