



2025 CalPERS Basic Health Plan Rates

HEALTH PLAN (HMO)	Coverage Level	2025 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee	2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only Employee + 1 Employee + 2 or more	\$1,021.71 \$2,043.42 \$2,656.45	\$1,021.71 \$2,039.00 \$2,551.00	\$0.00 \$4.42 \$105.45	\$0.00 \$0.00 \$40.48	\$1,021.71 \$2,043.42 \$2,571.00	\$0.00 \$0.00 \$85.45	\$0.00 \$0.00 \$20.48
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA (Not available in San Diego County)	Employee Only Employee + 1 Employee + 2 or more	\$1,309.07 \$2,618.14 \$3,403.58	\$1,060.00 \$2,039.00 \$2,551.00	\$249.07 \$579.14 \$852.58	\$214.94 \$505.88 \$748.64	\$1,065.00 \$2,049.00 \$2,571.00	\$244.07 \$569.14 \$832.58	\$209.94 \$495.88 \$728.64
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only Employee + 1 Employee + 2 or more	\$965.86 \$1,931.72 \$2,511.24	\$965.86 \$1,931.72 \$2,511.24	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$965.86 \$1,931.72 \$2,511.24	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only Employee + 1 Employee + 2 or more	\$753.72 \$1,507.44 \$1,959.67	\$753.72 \$1,507.44 \$1,959.67	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$753.72 \$1,507.44 \$1,959.67	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
KAISER PERMANENTE CALIFORNIA	Employee Only Employee + 1 Employee + 2 or more	\$1,045.20 \$2,090.40 \$2,717.52	\$1,045.20 \$2,039.00 \$2,551.00	\$0.00 \$51.40 \$166.52	\$0.00 \$38.30 \$140.79	\$1,045.20 \$2,049.00 \$2,571.00	\$0.00 \$41.40 \$146.52	\$0.00 \$28.30 \$120.79
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only Employee + 1 Employee + 2 or more	\$868.45 \$1,736.90 \$2,257.97	\$868.45 \$1,736.90 \$2,257.97	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$868.45 \$1,736.90 \$2,257.97	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only Employee + 1 Employee + 2 or more	\$961.35 \$1,922.70 \$2,499.51	\$961.35 \$1,922.70 \$2,499.51	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$961.35 \$1,922.70 \$2,499.51	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only Employee + 1 Employee + 2 or more	\$820.13 \$1,640.26 \$2,132.34	\$820.13 \$1,640.26 \$2,132.34	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$820.13 \$1,640.26 \$2,132.34	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00

To determine if the health plan you are considering provides services where you reside or work, you may use the CalPERS online health plan search by zip code at CalPERS.ca.gov > Active Members > Health Benefits. You may also log into your my | CalPERS account at my.calpers.ca.gov to search for plans in your area.

HMO: A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay co-payments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.





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HEALTH PLAN (PPO)	Coverage Level	2025 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee	2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee
PERS PLATINUM	Employee Only Employee + 1 Employee + 2 or more	\$1,335.30 \$2,670.60 \$3,471.78	\$1,060.00 \$2,039.00 \$2,551.00	\$275.30 \$631.60 \$920.78	\$232.87 \$541.74 \$795.26	\$1,065.00 \$2,049.00 \$2,571.00	\$270.30 \$621.60 \$900.78	\$227.87 \$531.74 \$775.26
PERS GOLD	Employee Only Employee + 1 Employee + 2 or more	\$943.70 \$1,887.40 \$2,453.62	\$943.70 \$1,887.40 \$2,453.62	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$943.70 \$1,887.40 \$2,453.62	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only Employee + 1 Employee + 2 or more	\$894.00 \$1,789.00 \$2,325.00	\$894.00 \$1,789.00 \$2,325.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	N/A	N/A	N/A

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

PPO: A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network, or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.