

2024 Employee Monthly Contribution Rates

| CalPERS PLANS* | Per Month Contribution |
|--------------------------------|------------------------|
| PERS Platinum PPO | |
| Single | \$207.00 |
| 2 Party | \$404.00 |
| Family | \$523.00 |
| PERS Gold PPO | |
| Single | \$147.00 |
| 2 Party | \$284.00 |
| Family | \$367.00 |
| KAISER HMO | |
| Single | \$163.00 |
| 2 Party | \$316.00 |
| Family | \$408.00 |
| Anthem Select HMO | |
| Single | \$181.00 |
| 2 Party | \$352.00 |
| Family | \$454.00 |
| Anthem Traditional HMO | |
| Single | \$211.00 |
| 2 Party | \$412.00 |
| Family | \$532.00 |
| Anthem EPO Del Norte | |
| Single | \$207.00 |
| 2 Party | \$404.00 |
| Family | \$523.00 |
| Blue Shield Access+ HMO | |
| Single | \$172.00 |
| 2 Party | \$333.00 |
| Family | \$430.00 |
| Blue Shield Trio HMO | |
| Single | \$152.00 |
| 2 Party | \$294.00 |
| Family | \$379.00 |

*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

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| CalPERS PLANS* | Per Month Contribution |
|--|------------------------|
| UnitedHealthCare Harmony HMO | |
| Single | \$151.00 |
| 2 Party | \$291.00 |
| Family | \$376.00 |
| UnitedHealthCare Signature Alliance HMO | |
| Single | \$174.00 |
| 2 Party | \$337.00 |
| Family | \$436.00 |
| Western Health Advantage HMO | |
| Single | \$131.00 |
| 2 Party | \$252.00 |
| Family | \$325.00 |
| PORAC | |
| Single | \$150.00 |
| 2 Party | \$328.00 |
| Family | \$408.00 |

*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area