

2024 PTF Monthly Contribution Rates

CalPERS PLANS*	Per Month Contribution
PERS Platinum PPO	
Single	\$197.00
2 Party	\$394.00
Family	\$513.00
PERS Gold PPO	
Single	\$137.00
2 Party	\$274.00
Family	\$357.00
KAISER HMO	
Single	\$153.00
2 Party	\$306.00
Family	\$398.00
Anthem Select HMO	
Single	\$171.00
2 Party	\$342.00
Family	\$444.00
Anthem Traditional HMO	
Single	\$201.00
2 Party	\$402.00
Family	\$522.00
Anthem EPO Del Norte	
Single	\$197.00
2 Party	\$394.00
Family	\$513.00
Blue Shield Access+ HMO	
Single	\$162.00
2 Party	\$323.00
Family	\$420.00
Blue Shield Trio HMO	
Single	\$142.00
2 Party	\$284.00
Family	\$369.00

Medical Only. Does not include Dental or Vision

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CalPERS PLANS*	Per Month Contribution
UnitedHealthCare Harmony HMO	
Single	\$141.00
2 Party	\$281.00
Family	\$366.00
UnitedHealthCare Signature Alliance HMO	
Single	\$164.00
2 Party	\$327.00
Family	\$426.00
Western Health Advantage HMO	
Single	\$121.00
2 Party	\$242.00
Family	\$315.00

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