2023 CalPERS Health Benefits Program Basic Plan Rates

| HEALTH PLAN | Enrolled Employee & Eligible Dependents | 2023 Total Monthly Premium | All Employee Groups (except Unit 6) | | | Unit 6 | | |
|---|--|----------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | | | 2023 Amount Paid by CSU | 2023 Amount Paid by Employee | 2022 Amount Paid by Employee | 2023 Amount Paid by CSU | 2023 Amount Paid by Employee | 2022 Amount Paid by Employee |
| ANTHEM BLUE CROSS SELECT HMO CALIFORNIA | Employee Only | \$903.85 | - | + | \$32.08 | - | | \$27.08 |
| | Employee + 1 | \$1,807.70 | \$1,699.00 | \$108.70 | \$148.16 | \$1,709.00 | \$98.70 | \$138.16 |
| | Employee + 2 or more | \$2,350.01 | | \$226.01 | \$222.01 | \$2,144.00 | \$206.01 | \$202.01 |
| ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA | Employee Only | \$1,116.65 | \$883.00 | \$233.65 | \$382.07 | \$888.00 | + | \$377.07 |
| | Employee + 1 | \$2,233.30 | \$1,699.00 | \$534.30 | \$848.14 | . , | \$524.30 | \$838.14 |
| | Employee + 2 or more | \$2,903.29 | . , | | \$1,131.98 | | | \$1,111.98 |
| ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Del Norte County) | Employee Only | \$1,083.89 | | | \$130.78 | | | \$125.78 |
| | Employee + 1 | \$2,167.78 | \$1,699.00 | \$468.78 | \$345.56 | . , | \$458.78 | \$335.56 |
| | Employee + 2 or more | \$2,818.11 | \$2,124.00 | · · · | \$478.63 | · · · · · · · · · · · · · · · · · · · | \$674.11 | \$458.63 |
| BLUE SHIELD ACCESS+ | Employee Only | \$842.61 | \$842.61 | \$0.00 | \$84.22 | | \$0.00 | \$79.22 |
| CALIFORNIA | Employee + 1 | \$1,685.22 | . , | | \$252.44 | | | \$242.44 |
| | Employee + 2 or more | \$2,190.79 | \$2,124.00 | \$66.79 | \$357.57 | \$2,144.00 | \$46.79 | \$337.57 |
| BLUE SHIELD ACCESS+ EPO | Employee Only | \$842.61 | \$842.61 | \$0.00 | \$84.22 | \$842.61 | \$0.00 | \$79.22 |
| CALIFORNIA (Restricted to certain counties) | Employee + 1 | \$1,685.22 | \$1,685.22 | \$0.00 | \$252.44 | \$1,685.22 | \$0.00 | \$242.44 |
| | Employee + 2 or more | \$2,190.79 | \$2,124.00 | \$66.79 | \$357.57 | \$2,144.00 | \$46.79 | \$337.57 |
| BLUE SHIELD TRIO (Restricted to certain counties) | Employee Only | \$760.71 | \$760.71 | \$0.00 | \$0.00 | \$760.71 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,521.42 | \$1,521.42 | \$0.00 | \$0.00 | \$1,521.42 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$1,977.85 | \$1,977.85 | \$0.00 | \$0.00 | \$1,977.85 | \$0.00 | \$0.00 |
| HEALTH NET SALUD Y MAS CALIFORNIA | Employee Only | \$631.89 | \$631.89 | \$0.00 | \$0.00 | \$631.89 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,263.78 | \$1,263.78 | \$0.00 | \$0.00 | \$1,263.78 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$1,642.91 | \$1,642.91 | \$0.00 | \$0.00 | \$1,642.91 | \$0.00 | \$0.00 |
| HEALTH NET SMARTCARE CALIFORNIA | Employee Only | \$993.39 | \$883.00 | \$110.39 | \$191.13 | \$888.00 | \$105.39 | \$186.13 |
| | Employee + 1 | \$1,986.78 | \$1,699.00 | \$287.78 | \$466.26 | \$1,709.00 | \$277.78 | \$456.26 |
| | Employee + 2 or more | \$2,582.81 | \$2,124.00 | | \$635.54 | · · · · · · · · · · · · · · · · · · · | | \$615.54 |
| KAISER PERMANENTE CALIFORNIA | Employee Only | \$852.68 | - | | \$0.00 | | | \$0.00 |
| | Employee + 1 | \$1,705.36 | \$1,699.00 | \$6.36 | \$61.34 | \$1,705.36 | \$0.00 | \$51.34 |
| | Employee + 2 or more | \$2,216.97 | \$2,124.00 | \$92.97 | \$109.14 | \$2,144.00 | \$72.97 | \$89.14 |

2023 CalPERS Health Benefits Program Basic Plan Rates

| HEALTH PLAN | Enrolled Employee & Eligible Dependents | 2023 Total Monthly Premium | All Employee Groups (except Unit 6) | | | Unit 6 | | |
|--|--|----------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|---------------------------------------|
| | | | 2023 Amount Paid by CSU | 2023 Amount Paid by Employee | 2022 Amount Paid by Employee | 2023 Amount Paid by CSU | 2023 Amount Paid by Employee | 2022 Amount Paid by Employee |
| KAISER PERMANENTE - OUT OF STATE | Employee Only | \$1,155.43 | \$883.00 | \$272.43 | \$322.95 | \$888.00 | \$267.43 | \$317.95 |
| | Employee + 1 | \$2,310.86 | \$1,699.00 | \$611.86 | \$729.90 | \$1,709.00 | \$601.86 | \$719.90 |
| | Employee + 2 or more | \$3,004.12 | \$2,124.00 | \$880.12 | \$978.27 | \$2,144.00 | \$860.12 | \$958.27 |
| PERS PLATINUM | Employee Only | \$1,083.89 | \$883.00 | \$200.89 | \$130.78 | \$888.00 | \$195.89 | \$125.78 |
| | Employee + 1 | \$2,167.78 | \$1,699.00 | \$468.78 | \$345.56 | \$1,709.00 | \$458.78 | \$335.56 |
| | Employee + 2 or more | \$2,818.11 | \$2,124.00 | \$694.11 | \$478.63 | \$2,144.00 | \$674.11 | \$458.63 |
| PERS GOLD | Employee Only | \$766.11 | \$766.11 | \$0.00 | \$0.00 | \$766.11 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,532.22 | \$1,532.22 | \$0.00 | \$0.00 | \$1,532.22 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$1,991.89 | \$1,991.89 | \$0.00 | \$0.00 | \$1,991.89 | \$0.00 | \$0.00 |
| PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)* | Employee Only | \$775.00 | \$775.00 | \$0.00 | \$0.00 | | | |
| | Employee + 1 | \$1,525.00 | \$1,525.00 | \$0.00 | \$0.00 | N/A | N/A | N/A |
| | Employee + 2 or more | \$2,000.00 | | \$0.00 | \$0.00 | | | |
| SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County) | Employee Only | \$764.96 | \$764.96 | \$0.00 | \$0.00 | \$764.96 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,529.92 | \$1,529.92 | \$0.00 | \$0.00 | \$1,529.92 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$1,988.90 | \$1,988.90 | \$0.00 | \$0.00 | \$1,988.90 | \$0.00 | \$0.00 |
| UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA | Employee Only | \$841.72 | \$841.72 | \$0.00 | \$2.03 | \$841.72 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,683.44 | \$1,683.44 | \$0.00 | \$88.06 | \$1,683.44 | \$0.00 | \$78.06 |
| | Employee + 2 or more | \$2,188.47 | \$2,124.00 | \$64.47 | \$143.88 | \$2,144.00 | \$44.47 | \$123.88 |
| UNITEDHEALTHCARE HARMONY HMO CALIFORNIA | Employee Only | \$722.28 | \$722.28 | \$0.00 | \$0.00 | \$722.28 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,444.56 | \$1,444.56 | \$0.00 | \$0.00 | \$1,444.56 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$1,877.93 | \$1,877.93 | \$0.00 | \$0.00 | \$1,877.93 | \$0.00 | \$0.00 |
| WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento and other Northern regions) | Employee Only | \$760.17 | \$760.17 | \$0.00 | \$0.00 | \$760.17 | \$0.00 | \$0.00 |
| | Employee + 1 | \$1,520.34 | \$1,520.34 | \$0.00 | \$0.00 | \$1,520.34 | \$0.00 | \$0.00 |
| | Employee + 2 or more | \$1,976.44 | \$1,976.44 | \$0.00 | \$0.00 | \$1,976.44 | \$0.00 | \$0.00 |