## **2021 Calpers Health Benefits Program**

## **Basic Plan Rates**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan Number	2021 Total Monthly Premium	All Employee Groups (except Teamsters 2010 – Unit 6)			Teamsters 2010 – Unit 6		
				2021 Amount Paid by CSU	2021 Amount Paid by Employee	2020 Amount Paid by Employee	2021 Amount Paid by CSU	2021 Amount Paid by Employee	2020 Amount Paid by Employee
Anthem Blue Cross Select HMO California	Employee Only		\$800.55	\$798.00	\$2.55	\$20.79	\$800.55	\$0.00	\$15.79
	Employee + 1	181	\$1,601.10	\$1,519.00	\$82.10	\$114.58	\$1,529.00	\$72.10	\$104.58
	Employee + 2 or more		\$2,081.43	\$1,937.00	\$144.43	\$180.25	\$1,957.00	\$124.43	\$160.25
Anthem Blue Cross Traditional HMO	Employee Only		\$1,220.32	\$798.00	\$422.32	\$348.475	\$803.00	\$417.32	\$343.75
	Employee + 1	180	\$2,440.64	\$1,519.00	\$921.64	\$770.50	\$1,529.00	\$911.64	\$760.50
California	Employee + 2 or more		\$3,172.83	\$1,937.00	\$1,235.83	\$1,032.95	\$1,957.00	\$1,215.83	\$1,012.95
Blue Shield Access+	Employee Only		\$938.96	\$798.00	\$140.96	\$143.16	\$803.00	\$135.96	\$138.16
California	Employee + 1	141	\$1,877.92	\$1,519.00	\$358.92	\$359.32	\$1,529.00	\$348.92	\$349.32
	Employee + 2 or more		\$2,441.30	\$1,937.00	\$504.30	\$498.42	\$1,957.00	\$484.30	\$478.42
Blue Shield Trio (Restricted to LA County eligible zip codes only)	Employee Only		\$722.56	\$722.06	\$0.00	\$0.00	\$772.56	\$0.00	\$0.00
	Employee + 1	471	\$1,445.12	\$1,445.12	\$0.00	\$0.00	\$1,445.12	\$0.00	\$0.00
	Employee + 2 or more		\$1,878.66	\$1,878.66	\$0.00	\$0.00	\$1,878.66	\$0.00	\$0.00
Health Net Salud y Mas	Employee Only		\$425.02	\$425.02	\$0.00	\$0.00	\$425.02	\$0.00	\$0.00
California	Employee + 1	184	\$850.04	\$850.04	\$0.00	\$0.00	\$850.04	\$0.00	\$0.00
	Employee + 2 or more		\$1,105.05	\$1,105.05	\$0.00	\$0.00	\$1,105.05	\$0.00	\$0.00
Health Net SmartCare	Employee Only		\$924.36	\$798.00	\$126.36	\$93.96	\$803.00	\$121.36	\$88.96
California	Employee + 1	185	\$1,848.72	\$1,519.00	\$329.72	\$260.92	\$1,529.00	\$319.72	\$250.92
	Employee + 2 or more		\$2,403.34	\$1,937.00	\$466.34	\$370.50	\$1,957.00	\$446.34	\$350.50
Kaiser Permanente	Employee Only		\$761.62	\$761.62	\$0.00	\$0.00	\$761.62	\$0.00	\$0.00
California	Employee + 1	056	\$1,523.24	\$1,519.00	\$4.24	\$0.00	\$1,523.24	\$0.00	\$0.00
	Employee + 2 or more		\$1,980.21	\$1,937.00	\$43.21	\$30.13	\$1,957.00	\$23.21	\$10.13

## **2021 CalPERS HEALTH BENEFITS PROGRAM**

## **Basic Plan Rates**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan Number	2021 Total Monthly Premium	All Employee Groups (except Teamsters 2010 – Unit 6)			Teamsters 2010 – Unit 6		
				2021 Amount Paid by CSU	2021 Amount Paid by Employee	2020 Amount Paid by Employee	2021 Amount Paid by CSU	2021 Amount Paid by Employee	2020 Amount Paid by Employee
PERSCare	Employee Only		\$1,111.87	\$798.00	\$313.87	\$222.88	\$803.00	\$308.87	\$217.88
	Employee + 1	278	\$2,223.74	\$1,519.00	\$704.74	\$518.76	\$1,529.00	\$694.74	\$508.76
	Employee + 2 or more		\$2,890.86	\$1,937.00	\$953.86	\$705.69	\$1,957.00	\$933.86	\$685.69
PERS Choice	Employee Only		\$849.23	\$798.00	\$51.23	\$20.00	\$803.00	\$46.23	\$15.00
	Employee + 1	222	\$1,698.46	\$1,519.00	\$179.46	\$113.00	\$1,529.00	\$169.46	\$103.00
	Employee + 2 or more		\$2,208.00	\$1,937.00	\$271.00	\$178.20	\$1,957.00	\$251.00	\$158.20
PERS Select California	Employee Only		\$527.39	\$527.39	\$0.00	\$0.00	\$527.39	\$0.00	\$0.00
	Employee + 1	045	\$1,054.78	\$1,054.78	\$0.00	\$0.00	\$1,054.78	\$0.00	\$0.00
	Employee + 2 or more		\$1,371.21	\$1,371.21	\$0.00	\$0.00	\$1,371.21	\$0.00	\$0.00
Peace Officers Research Association of California (PORAC)*	Employee Only	207	\$750.00	\$750.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1		\$1,449.00	\$1,449.00	\$0.00	\$0.00			
	Employee + 2 or more		\$1,927.00	\$1,927.00	\$0.00	\$59.00			
<b>Sharp Performance Plus</b>	Employee Only	ee + 1 189	\$632.27	\$632.27	\$0.00	\$0.00	\$632.27	\$0.00	\$0.00
California	Employee + 1		\$1,264.54	\$1,264.54	\$0.00	\$0.00	\$1,264.54	\$0.00	\$0.00
(Restricted to San Diego County)	Employee + 2 or more		\$1,643.90	\$1,643.90	\$0.00	\$0.00	\$1,643.90	\$0.00	\$0.00
Unitedhealthcare	Employee Only		\$755.61	\$755.61	\$0.00	\$0.00	\$755.61	\$0.00	\$0.00
Alliance HMO California	Employee + 1	187	\$1,511.22	\$1,511.22	\$0.00	\$0.00	\$1,511.22	\$0.00	\$0.00
	Employee + 2 or more		\$1,964.59	\$1,937.00	\$27.59	\$22.07	\$1,957.00	\$7.59	\$2.07

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