

HEALTH PLAN (HMO)	Enrolled Employee & Eligible Dependents	2026 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2026 Amount Paid by CSU	2026 Amount Paid by Employee	2025 Amount Paid by Employee	2026 Amount Paid by CSU	2026 Amount Paid by Employee	2025 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	\$1,090.98	\$1,084.00	\$6.98	\$0.00	\$1,089.00	\$1.98	\$0.00
	Employee + 1	\$2,181.96	\$2,057.00	\$124.96	\$4.42	\$2,067.00	\$114.96	\$0.00
	Employee + 2 or more	\$2,836.55	\$2,638.00	\$198.55	\$105.45	\$2,658.00	\$178.55	\$85.45
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA (Not available in San Diego County)	Employee Only	\$1,372.93	\$1,084.00	\$288.93	\$249.07	\$1,089.00	\$283.93	\$244.07
	Employee + 1	\$2,745.86	\$2,057.00	\$688.86	\$579.14	\$2,067.00	\$678.86	\$569.14
	Employee + 2 or more	\$3,569.62	\$2,638.00	\$931.62	\$852.58	\$2,658.00	\$911.62	\$832.58
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	\$1,088.52	\$1,084.00	\$4.52	\$0.00	\$1,088.52	\$0.00	\$0.00
	Employee + 1	\$2,177.04	\$2,057.00	\$120.04	\$0.00	\$2,067.00	\$110.04	\$0.00
	Employee + 2 or more	\$2,830.15	\$2,638.00	\$192.15	\$0.00	\$2,658.00	\$172.15	\$0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	\$789.13	\$789.13	\$0.00	\$0.00	\$789.13	\$0.00	\$0.00
	Employee + 1	\$1,578.26	\$1,578.26	\$0.00	\$0.00	\$1,578.26	\$0.00	\$0.00
	Employee + 2 or more	\$2,051.74	\$2,051.74	\$0.00	\$0.00	\$2,051.74	\$0.00	\$0.00
KAISER PERMANENTE CALIFORNIA	Employee Only	\$1,097.94	\$1,084.00	\$13.94	\$0.00	\$1,089.00	\$8.94	\$0.00
	Employee + 1	\$2,195.88	\$2,057.00	\$138.88	\$51.40	\$2,067.00	\$128.88	\$41.40
	Employee + 2 or more	\$2,854.64	\$2,638.00	\$216.64	\$166.52	\$2,658.00	\$196.64	\$146.52
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	\$916.20	\$916.20	\$0.00	\$0.00	\$916.20	\$0.00	\$0.00
	Employee + 1	\$1,832.40	\$1,832.40	\$0.00	\$0.00	\$1,832.40	\$0.00	\$0.00
	Employee + 2 or more	\$2,382.12	\$2,382.12	\$0.00	\$0.00	\$2,382.12	\$0.00	\$0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	\$1,048.16	\$1,048.16	\$0.00	\$0.00	\$1,048.16	\$0.00	\$0.00
	Employee + 1	\$2,096.32	\$2,057.00	\$39.32	\$0.00	\$2,067.00	\$29.32	\$0.00
	Employee + 2 or more	\$2,725.22	\$2,638.00	\$87.22	\$0.00	\$2,658.00	\$67.22	\$0.00
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	\$920.82	\$920.82	\$0.00	\$0.00	\$920.82	\$0.00	\$0.00
	Employee + 1	\$1,841.64	\$1,841.64	\$0.00	\$0.00	\$1,841.64	\$0.00	\$0.00
	Employee + 2 or more	\$2,394.13	\$2,394.13	\$0.00	\$0.00	\$2,394.13	\$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 myCalPERS 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.

HEALTH PLAN (PPO)	Enrolled Employee & Eligible Dependents	2026 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2026 Amount Paid by CSU	2026 Amount Paid by Employee	2025 Amount Paid by Employee	2026 Amount Paid by CSU	2026 Amount Paid by Employee	2025 Amount Paid by Employee
PERS PLATINUM	Employee Only	\$1,512.13	\$1,084.00	\$428.13	\$275.30	\$1,089.00	\$423.13	\$270.30
	Employee + 1	\$3,024.26	\$2,057.00	\$967.26	\$631.60	\$2,067.00	\$957.26	\$621.60
	Employee + 2 or more	\$3,931.54	\$2,638.00	\$1,293.54	\$920.78	\$2,658.00	\$1,273.54	\$900.78
PERS GOLD	Employee Only	\$1,043.37	\$1,043.37	\$0.00	\$0.00	\$1,043.37	\$0.00	\$0.00
	Employee + 1	\$2,086.74	\$2,057.00	\$29.74	\$0.00	\$2,067.00	\$19.74	\$0.00
	Employee + 2 or more	\$2,712.76	\$2,638.00	\$74.76	\$0.00	\$2,658.00	\$54.76	\$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	\$974.00	\$974.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1	\$1,950.00	\$1,950.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$2,534.00	\$2,534.00	\$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.