

State Employer Contribution for 2024



Health Plan Monthly Premiums for Unit 10 Employees

CalPERS' health care **Open Enrollment starts September 19 and ends on October 14**. To help you choose a medical plan for next year, this table compares the monthly premiums for each instate medical program in 2023 and 2024 and your out-of-pocket costs after the State pays its share. More Open Enrollment information is available through your <u>myCalPERS account</u>. Changes made during Open Enrollment take effect on January 1, 2024.

Note: The <u>State's 2024 CoBen Contribution for Excluded Employees</u> is \$793 (single), \$1,567 (two-party), and \$2,040 (family). CoBen is the State's monthly payment toward supervisors' and managers' health, dental, and vision care plans.

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Employee Only \$747 \$689 (in 2023)



Two-Party \$1,492 \$1,386 (in 2023)



Family **\$1,936** \$1,784 (in 2023)

Anthe	m Blue Cr	oss Del Nor	te EPO		Anthem Select HMO				Anthem Traditional HMO			
Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family	
2024	\$1,216	\$2,432	\$3,161	2024	\$926	\$1,851	\$2,406	2024	\$1,198	\$2,396	\$3,11	
2023	\$1,084	\$2,168	\$2,818	2023	\$904	\$1,808	\$2,350	2023	\$1,117	\$2,233	\$2,90	
Out-of-Pocket Cost					Out-of-F	Pocket Cost			Out-of-F	ocket Cost		
2024	\$469	\$940	\$1,225	2024	\$179	\$359	\$470	2024	\$451	\$904	\$1,179	
2023	\$395	\$782	\$1,034	2023	\$215	\$422	\$566	2023	\$428	\$1847	\$1,119	
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Bl	ue Shield	Access+ HI	мо	Blue Shield Access+ EPO				Blue Shield Trio HMO			
Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family
2024	\$893	\$1,785	\$2,320	2024	\$893	\$1,785	\$2,320	2024	\$810	\$1,620	\$2,107
2023	\$843	\$1,685	\$2,191	2023	\$483	\$1,685	\$2,191	2023	\$761	\$1,521	\$1,978
Out-of-Pocket Cost				Out-of-F	ocket Cost			Out-of-F	ocket Cost		
2024	\$145	\$293	\$384	2024	\$145	\$293	\$384	2024	\$63	\$128	\$171
2023	\$154	\$299	\$407	2023	\$154	\$299	\$407	2023	\$72	\$135	\$194

H	lealth Ne	t Salud y Má	is	Kaiser Permanente				PERS Gold			
Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family
2024	\$657	\$1,314	\$1,708	2024	\$964	\$1,928	\$2,507	2024	\$859	\$1,719	\$2,234
2023	\$632	\$1,264	\$1,643	2023	\$853	\$1,705	\$2,217	2023	\$766	\$1,532	\$1,992
Out-of-Pocket Cost					Out-of-F	Pocket Cost		Out-of-Pocket Cost			
2024	\$0	\$0	\$0	2024	\$217	\$436	\$571	2024	\$112	\$227	\$298
2023	\$0	\$0	\$0	2023	\$164	\$319	\$433	2023	\$77	\$146	\$208

PremiumSingleTwo-PartyFamilyPremiumSingleTwo-PartyFamilyPremiumSingleTwo-Party2024\$1,216\$2,432\$3,1612024\$833\$1,666\$1,1662024\$883\$1,766	Family \$2,296
2024 \$1,216 \$2,432 \$3,161 2024 \$833 \$1,666 \$1,166 2024 \$883 \$1,766	\$2,296
2023 \$1,084 \$2,168 \$2,818 2023 \$765 \$1,530 \$1,989 2023 \$842 \$1,683	\$2,188
Out-of-Pocket Cost Out-of-Pocket Cost Out-of-Pocket Cost	
2024 \$469 \$940 \$1,225 2024 \$86 \$174 \$230 2024 \$136 \$274	\$360
2023 \$395 \$782 \$1,034 2023 \$76 \$144 \$205 2023 \$153 \$297	\$404

United H	ealthcare	e Signature	Harmony	Western Health Advantage HMO						
Premium	Single	Two-Party	Family	Premium	Single	Two-Party	Family			
2024	\$764	\$1,527	\$1,986	2024	\$807	\$1,614	\$2,099			
2023	\$722	\$1,445	\$1,878	2023	\$760	\$1,520	\$1,976			
	Out-of-F	Pocket Cost			Out-of-F	Pocket Cost				
2024	\$17	\$35	\$50	2024	\$60	\$122	\$163			
2023	\$33	\$59	\$94	2023	\$71	\$134	\$192			