



# 2025 Health Plan Monthly Premiums for Unit 10 Employees

## State Employer Contribution for 2025



**Employee Only \$809**  
\$747 (in 2024)



**Two-Party \$1,615**  
\$1,492 (in 2024)



**Family \$2,097**  
\$1,936 (in 2024)

CalPERS' health care Open Enrollment starts **September 16** and ends **on October 11, 2024**. To help you choose a medical plan for next year, this table compares the monthly premiums for each in-state medical program in 2024 and 2025 and your out-of-pocket costs after the State pays its share. More Open Enrollment information is available through your [myCalPERS account](#). Changes made during Open Enrollment take effect on January 1, 2025.

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**Anthem Blue Cross Del Norte EPO** is being removed from the 2025 plan offerings.

4 Plans with Service Area Expansions: **Blue Shield Trio, Health Net Salud y Mas, Kaiser Permanente Basic, UnitedHealthcare SignatureValue Harmony.**

Two New Benefit Design Changes: **Doula** benefit for all pregnant and postpartum Basic members, and a **travel** benefit for medically necessary care for Basic and Medicare members.

UPDATED: **AUGUST 2024**

Anthem Select HMO			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$1,022</b>	<b>\$2,043</b>	<b>\$2,656</b>
2024	\$926	\$1,851	\$2,406
Out-of-Pocket Cost			
<b>2025</b>	<b>\$213</b>	<b>\$359</b>	<b>\$559</b>
2024	\$179	\$4359	\$470

Anthem Traditional HMO			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$1,309</b>	<b>\$2,618</b>	<b>\$3,404</b>
2024	\$1,198	\$2,396	\$3,115
Out-of-Pocket Cost			
<b>2025</b>	<b>\$500</b>	<b>\$1,003</b>	<b>\$1,307</b>
2024	\$451	\$904	\$1,179

Blue Shield Access+ HMO			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$966</b>	<b>\$1,932</b>	<b>\$2,511</b>
2024	\$893	\$1,785	\$2,320
Out-of-Pocket Cost			
<b>2025</b>	<b>\$157</b>	<b>\$317</b>	<b>\$414</b>
2024	\$145	\$293	\$384

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Out-of-Pocket Cost			
<b>2025</b>	<b>\$157</b>	<b>\$317</b>	<b>\$414</b>
2024	\$145	\$293	\$384

Blue Shield Trio HMO			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$909</b>	<b>\$1,818</b>	<b>\$2,364</b>
2024	\$810	\$1,620	\$2,107
Out-of-Pocket Cost			
<b>2025</b>	<b>\$100</b>	<b>\$203</b>	<b>\$267</b>
2024	\$63	\$128	\$171

Health Net Salud y Más			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$753</b>	<b>\$1,507</b>	<b>\$1,960</b>
2024	\$657	\$1,314	\$1,708
Out-of-Pocket Cost			
<b>2025</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
2024	\$0	\$0	\$0

Kaiser Permanente			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$1,045</b>	<b>\$2,090</b>	<b>\$2,718</b>
2024	\$964	\$1,928	\$2,507
Out-of-Pocket Cost			
<b>2025</b>	<b>\$236</b>	<b>\$475</b>	<b>\$621</b>
2024	\$217	\$436	\$571

PERS Gold			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$944</b>	<b>\$1,887</b>	<b>\$2,454</b>
2024	\$859	\$1,719	\$2,234
Out-of-Pocket Cost			
<b>2025</b>	<b>\$135</b>	<b>\$272</b>	<b>\$357</b>
2024	\$112	\$227	\$298

PERS Platinum			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$1,335</b>	<b>\$2,671</b>	<b>\$3,472</b>
2024	\$1,216	\$2,432	\$3,161
Out-of-Pocket Cost			
<b>2025</b>	<b>\$526</b>	<b>\$1,056</b>	<b>\$1,375</b>
2024	\$469	\$940	\$1,225

Sharp Performance Plus			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$868</b>	<b>\$1,737</b>	<b>\$2,258</b>
2024	\$833	\$1,666	\$2,166
Out-of-Pocket Cost			
<b>2025</b>	<b>\$59</b>	<b>\$122</b>	<b>\$161</b>
2024	\$86	\$174	\$230

United Healthcare Signature Alliance			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$961</b>	<b>\$1,923</b>	<b>\$2,500</b>
2024	\$883	\$1,766	\$2,296
Out-of-Pocket Cost			
<b>2025</b>	<b>\$152</b>	<b>\$308</b>	<b>\$403</b>
2024	\$136	\$274	\$360

United Healthcare Signature Harmony			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$820</b>	<b>\$1,640</b>	<b>\$2,132</b>
2024	\$764	\$1,527	\$1,986
Out-of-Pocket Cost			
<b>2025</b>	<b>\$11</b>	<b>\$25</b>	<b>\$35</b>
2024	\$17	\$35	\$50

Western Health Advantage HMO			
Premium	Single	Two-Party	Family
<b>2025</b>	<b>\$914</b>	<b>\$1,829</b>	<b>\$2,377</b>
2024	\$807	\$1,614	\$2,099
Out-of-Pocket Cost			
<b>2025</b>	<b>\$105</b>	<b>\$214</b>	<b>\$280</b>
2024	\$60	\$122	\$163

**Note:** The [State's 2025 CoBen Contribution for Excluded Employees](#) is \$907 (single), \$1,750 (two-party), and \$2,262 (family). CoBen is the State's monthly payment toward supervisors' and managers' health, dental, and vision care plans.