

# 2024 BASIC MONTHLY BENEFIT RATES

## FOR BARGAINING UNITS 1 & 4

HEALTH PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross Del Norte EPO	172	\$1,215.87	\$2,431.74	\$3,161.26
Anthem Blue Cross Select HMO	181	\$925.57	\$1,851.14	\$2,406.48
Anthem Blue Cross Traditional HMO	180	\$1,197.94	\$2,395.88	\$3,114.64
Blue Shield Access + HMO	141	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Access + EPO	191	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Trio HMO	471	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	184	\$656.96	\$1,313.92	\$1,708.10
Kaiser Permanente	056	\$964.15	\$1,928.30	\$2,506.79
PERS Gold	437	\$859.31	\$1,718.62	\$2,234.21
PERS Platinum	434	\$1,215.87	\$2,431.74	\$3,161.26
Sharp Performance Plus	189	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthCare SignatureValue Alliance	187	\$882.98	\$1,765.96	\$2,295.75
UnitedHealthcare SignatureValue Harmony	319	\$763.70	\$1,527.40	\$1,985.62
Western Health Advantage HMO	176	\$807.23	\$1,614.46	\$2,098.80
Health plan availability is determined by zip code. Refer to CalPERS website			2024 Health Benefit Summary	Health Plan Search by Zip Code

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental* PPO Plus Premier Basic	351-007	EE \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta Dental* PPO	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
DeltaCare USA	351-009	Total Premium \$19.44	Total Premium \$31.90	Total Premium \$44.13
MetLife Standard	351-016	\$13.85	\$22.44	\$31.42
Premier Access	351-020	\$14.21	\$23.02	\$32.24
Western Dental	351-025	15.77	26.02	36.91

\*The Delta Dental PPO programs are only available after 2 years of State Service.

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27
Vision Service Plan - Premier	361-475	EE \$8.46 – State \$8.27	EE \$16.92 – State \$8.27	EE \$27.24 – State \$8.27

STATE CONTRIBUTION FOR BU 1 & 4	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Units 1 & 4 State Allowance	\$912.00	\$1,657.00	\$2,101.00

### MONTHLY COST WORKSHEET FOR BARGAINING UNITS 1 & 4

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
State Contribution	Subtract	-\$912	-1657
<b>YOUR COST</b>			<b>-2101</b>

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)

# 2024 BASIC MONTHLY BENEFIT RATES

## FOR BARGAINING UNIT 7

HEALTH PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross Del Norte EPO	172	\$1,215.87	\$2,431.74	\$3,161.26
Anthem Blue Cross Select HMO	181	\$925.57	\$1,851.14	\$2,406.48
Anthem Blue Cross Traditional HMO	180	\$1,197.94	\$2,395.88	\$3,114.64
Blue Shield Access + HMO	141	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Access + EPO	191	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Trio HMO	471	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	184	\$656.96	\$1,313.92	\$1,708.10
Kaiser Permanente	056	\$964.15	\$1,928.30	\$2,506.79
PERS Gold	437	\$859.31	\$1,718.62	\$2,234.21
PERS Platinum	434	\$1,215.87	\$2,431.74	\$3,161.26
Sharp Performance Plus	189	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthCare SignatureValue Alliance	187	\$882.98	\$1,765.96	\$2,295.75
UnitedHealthcare SignatureValue Harmony	319	\$763.70	\$1,527.40	\$1,985.62
Western Health Advantage HMO	176	\$807.23	\$1,614.46	\$2,098.80
Health plan availability is determined by zip code. Refer to CalPERS website			<a href="#">2024 Health Benefit Summary</a>	<a href="#">Health Plan Search by Zip Code</a>

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental PPO Plus Premier Basic	351-007	\$50.83	\$88.75	\$128.28
Delta Dental PPO	351-018	\$46.45	\$90.31	\$135.88
DeltaCare USA	351-009	\$19.44	\$31.90	\$44.13
MetLife Standard	351-016	\$13.85	\$22.44	\$31.42
Premier Access	351-020	\$14.21	\$23.02	\$32.24
Western Dental	351-025	\$15.77	\$26.02	\$36.91

VISION PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-002	\$8.27	\$8.27	\$8.27
Vision Service Plan - Premier	361-475	\$16.73	\$25.19	\$35.51

STATE CONTRIBUTION FOR BU 7	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 7 CoBen Allowance	\$793.00	\$1,567.00	\$2,040.00

## MONTHLY COST WORKSHEET FOR BARGAINING UNIT 7

Use this space to calculate and compare monthly benefit costs. Add Health, Dental, and Vision amounts then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
Dental Amount:	Add+		
Vision Amount:	Add+		
<b>State Contribution</b>	Subtract - \$793	<b>-1567</b>	<b>-2040</b>
<b>YOUR COST</b>			

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)

# 2024 BASIC MONTHLY BENEFIT RATES

## FOR BARGAINING UNIT 8

HEALTH PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross Del Norte EPO	172	\$1,215.87	\$2,431.74	\$3,161.26
Anthem Blue Cross Select HMO	181	\$925.57	\$1,851.14	\$2,406.48
Anthem Blue Cross Traditional HMO	180	\$1,197.94	\$2,395.88	\$3,114.64
Blue Shield Access + HMO	141	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Access + EPO	191	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Trio HMO	471	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	184	\$656.96	\$1,313.92	\$1,708.10
Kaiser Permanente	056	\$964.15	\$1,928.30	\$2,506.79
Peace Officers Research Assoc. of CA (PORAC)	207	\$853.00	\$1,708.00	\$2,220.00
PERS Gold	437	\$859.31	\$1,718.62	\$2,234.21
PERS Platinum	434	\$1,215.87	\$2,431.74	\$3,161.26
Sharp Performance Plus	189	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthCare SignatureValue Alliance	187	\$882.98	\$1,765.96	\$2,295.75
UnitedHealthcare SignatureValue Harmony	319	\$763.70	\$1,527.40	\$1,985.62
Western Health Advantage HMO	176	\$807.23	\$1,614.46	\$2,098.80
Health plan availability is determined by zip code. Refer to CalPERS website			2024 Health Benefits Summary	Health Plan Search by Zip Code

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental PPO Plus Premier Basic	351-007	\$50.83	\$88.75	\$128.28
Delta Dental PPO	351-018	\$46.45	\$90.31	\$135.88
DeltaCare USA	351-009	\$19.44	\$31.90	\$44.13
MetLife Standard	351-016	\$13.85	\$22.44	\$31.42
Premier Access	351-020	\$14.21	\$23.02	\$32.24
Western Dental	351-025	\$15.77	\$26.02	\$36.91

VISION PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-002	\$8.27	\$8.27	\$8.27
Vision Service Plan - Premier	361-475	\$16.73	\$25.19	\$35.51

STATE CONTRIBUTION FOR BU 8	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 8 CoBen Allowance	\$840	\$1,613	\$2,086

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 8

Use this space to calculate and compare monthly benefit costs. Add Health, Dental, and Vision amounts then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add +		
Dental Amount:	Add +		
Vision Amount:	Add +		
<b>State Contribution</b>	Subtract - \$840	-\$1,613	-\$2,086
<b>YOUR COST</b>			

For help determining benefit costs, click on the link below:

CALHR Benefits Calculator

# 2024 BASIC MONTHLY BENEFIT RATES

## FOR BARGAINING UNIT 10

HEALTH PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross Del Norte EPO	172	\$1,215.87	\$2,431.74	\$3,161.26
Anthem Blue Cross Select HMO	181	\$925.57	\$1,851.14	\$2,406.48
Anthem Blue Cross Traditional HMO	180	\$1,197.94	\$2,395.88	\$3,114.64
Blue Shield Access + HMO	141	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Access + EPO	191	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Trio HMO	471	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	184	\$656.96	\$1,313.92	\$1,708.10
Kaiser Permanente	056	\$964.15	\$1,928.30	\$2,506.79
PERS Gold	437	\$859.31	\$1,718.62	\$2,234.21
PERS Platinum	434	\$1,215.87	\$2,431.74	\$3,161.26
Sharp Performance Plus	189	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthCare SignatureValue Alliance	187	\$882.98	\$1,765.96	\$2,295.75
UnitedHealthcare SignatureValue Harmony	319	\$763.70	\$1,527.40	\$1,985.62
Western Health Advantage HMO	176	\$807.23	\$1,614.46	\$2,098.80
Health plan availability is determined by zip code. Refer to CalPERS website			2024 Health Benefit Summary	Health Plan Search by Zip Code

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental* PPO Plus Premier Basic	351-007	EE \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta Dental* PPO	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
DeltaCare USA	351-009	Total Premium \$19.44	Total Premium \$31.90	Total Premium \$44.13
MetLife Standard	351-016	\$13.85	\$22.44	\$31.42
Premier Access	351-020	\$14.21	\$23.02	\$32.24
Western Dental	351-025	15.77	26.02	36.91

\*The Delta Dental PPO programs are only available after 2 years of State Service.

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27
Vision Service Plan - Premier	361-475	EE \$8.46 – State \$8.27	EE \$16.92 – State \$8.27	EE \$27.24 – State \$8.27

STATE CONTRIBUTION FOR BU 10	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 10 State Allowance	<b>\$747.00</b>	<b>\$1,492.00</b>	<b>\$1,936.00</b>

## MONTHLY COST WORKSHEET FOR BARGAINING UNIT 10

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
<b>State Contribution</b>	Subtract	<b>-\$747</b>	<b>-1492</b>
<b>YOUR COST</b>			<b>-1936</b>

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[CALHR Benefits Calculator](#)

# 2024 BASIC MONTHLY BENEFIT RATES

## FOR BARGAINING UNIT 12

HEALTH PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross Del Norte EPO	172	\$1,215.87	\$2,431.74	\$3,161.26
Anthem Blue Cross Select HMO	181	\$925.57	\$1,851.14	\$2,406.48
Anthem Blue Cross Traditional HMO	180	\$1,197.94	\$2,395.88	\$3,114.64
Blue Shield Access + HMO	141	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Access + EPO	191	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Trio HMO	471	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	184	\$656.96	\$1,313.92	\$1,708.10
Kaiser Permanente	056	\$964.15	\$1,928.30	\$2,506.79
PERS Gold	437	\$859.31	\$1,718.62	\$2,234.21
PERS Platinum	434	\$1,215.87	\$2,431.74	\$3,161.26
Sharp Performance Plus	189	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthCare SignatureValue Alliance	187	\$882.98	\$1,765.96	\$2,295.75
UnitedHealthcare SignatureValue Harmony	319	\$763.70	\$1,527.40	\$1,985.62
Western Health Advantage HMO	176	\$807.23	\$1,614.46	\$2,098.80
<a href="#">Health plan availability is determined by zip code. Refer to CalPERS website</a>			<a href="#">2024 Health Benefit Summary</a>	<a href="#">Health Plan Search by Zip Code</a>

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental* PPO Plus Premier Basic	351-007	EE \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta Dental* PPO	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
DeltaCare USA	351-009	Total Premium \$19.44	Total Premium \$31.90	Total Premium \$44.13
MetLife Standard	351-016	\$13.85	\$22.44	\$31.42
Premier Access	351-020	\$14.21	\$23.02	\$32.24
Western Dental	351-025	15.77	26.02	36.91

*\*The Delta Dental PPO programs are only available after 2 years of State Service*

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27
Vision Service Plan - Premier	361-475	EE \$8.46 – State \$8.27	EE \$16.92 – State \$8.27	EE \$27.24 – State \$8.27

STATE CONTRIBUTION FOR BU 12	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 12 State Allowance	<b>\$747.00</b>	<b>\$1,492.00</b>	<b>\$1,936.00</b>

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 12

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
<b>State Contribution</b>	Subtract	<b>-\$747</b>	<b>-1492</b>
<b>YOUR COST</b>			<b>-1936</b>

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)

## 2024 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNIT 13

HEALTH PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Anthem Blue Cross Del Norte EPO	172	\$1,215.87	\$2,431.74	\$3,161.26
Anthem Blue Cross Select HMO	181	\$925.57	\$1,851.14	\$2,406.48
Anthem Blue Cross Traditional HMO	180	\$1,197.94	\$2,395.88	\$3,114.64
Blue Shield Access + HMO	141	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Access + EPO	191	\$892.49	\$1,784.98	\$2,320.47
Blue Shield Trio HMO	471	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	184	\$656.96	\$1,313.92	\$1,708.10
Kaiser Permanente	056	\$964.15	\$1,928.30	\$2,506.79
PERS Gold	437	\$859.31	\$1,718.62	\$2,234.21
PERS Platinum	434	\$1,215.87	\$2,431.74	\$3,161.26
Sharp Performance Plus	189	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthCare SignatureValue Alliance	187	\$882.98	\$1,765.96	\$2,295.75
UnitedHealthcare SignatureValue Harmony	319	\$763.70	\$1,527.40	\$1,985.62
Western Health Advantage HMO	176	\$807.23	\$1,614.46	\$2,098.80
Health plan availability is determined by zip code. Refer to CalPERS website			2024 Health Benefit Summary	Health Plan Search by Zip Code

DENTAL PLANS	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Delta Dental* PPO Plus Premier Basic	351-007	EE \$12.71 – State \$38.12	EE \$22.19 – State \$66.56	EE \$32.07 – State \$96.21
Delta Dental* PPO	351-018	EE \$11.61 – State \$34.84	EE \$22.58 – State \$67.73	EE \$33.97 – State \$101.91
DeltaCare USA	351-009	Total Premium \$19.44	Total Premium \$31.90	Total Premium \$44.13
MetLife Standard	351-016	\$13.85	\$22.44	\$31.42
Premier Access	351-020	\$14.21	\$23.02	\$32.24
Western Dental	351-025	15.77	26.02	36.91

\*The Delta Dental PPO programs are only available after 2 years of State Service

VISION PLAN	CODE	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Vision Service Plan - Basic	475-001	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27	EE \$0.00 – State \$8.27
Vision Service Plan - Premier	361-475	EE \$8.46 – State \$8.27	EE \$16.92 – State \$8.27	EE \$27.24 – State \$8.27

STATE CONTRIBUTION FOR BU 13	1 Party Enrollment (Employee Only)	2 Party Enrollment (Employee + 1)	3+ Party Enrollment (Employee + 2 or more)
Bargaining Unit 13 State Allowance	\$747.00	\$1,492.00	\$1,936.00

### MONTHLY COST WORKSHEET FOR BARGAINING UNIT 13

Use this space to calculate and compare monthly benefit costs. Add Health and Dental amounts, then subtract the State Contribution for your total.

Benefit Plan Names:			
Health Amount:	Add+		
“EE” Dental Amount:	Add+		
“EE” Vision Amount:	Add+		
State Contribution	Subtract	-\$747	-1492
<b>YOUR COST</b>			<b>-1936</b>

For help determining benefit costs, click on the link below:

[CALHR Benefits Calculator](#)