2024 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNITS 1 & 4 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **HEALTH PLANS** CODE (Employee + 1) (Employee + 2 or more) (Employee Only) Anthem Blue Cross Del Norte EPO \$2,431.74 \$3,161.26 172 \$1,215.87 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 \$2,106.62 184 **Health Net Salud y Mas** \$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** \$1,215.87 \$2,431.74 \$3,161.26 434 **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 \$1,985.62 176 Western Health Advantage HMO \$807.23 \$1,614.46 \$2,098.80 Health Plan Search Health plan availability is determined by zip code. Refer to CalPERS website 2024 Health Benefit Summary by Zip Code 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **DENTAL PLANS** CODE (Employee + 2 or more) (Employee Only) (Employee + 1) 351-007 Delta Dental* PPO Plus Premier Basic 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 \$31.42 351-020 \$14.21 \$23.02 \$32.24 Premier Access 15.77 36.91 Western Dental 351-025 26.02 *The Delta Dental PPO programs are only available after 2 years of State Service. 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **VISION PLAN** CODE (Employee + 1) (Employee + 2 or more) (Employee Only) 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 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment STATE CONTRIBUTION FOR BU 1 & 4 (Employee Only) (Employee + 1) (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 -1657 -2101 -\$912 **YOUR COST**

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

CALHR Benefits Calculator

2024 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNIT 7 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **HEALTH PLANS** CODE (Employee Only) (Employee + 1) (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 \$2.320.47 \$892.49 \$1.784.98 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 \$1,985.62 176 \$807.23 \$1.614.46 \$2.098.80 Western Health Advantage HMO **Health Plan Search** Health plan availability is determined by zip code. Refer to CalPERS website 2024 Health Benefit Summary by Zip Code 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **DENTAL PLANS** CODE (Employee Only) (Employee + 1) (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 \$26.02 \$36.91 \$15.77 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment VISION PLANS CODE (Employee Only) (Employee + 1) (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 1 Party Enrollment 3+ Party Enrollment 2 Party Enrollment STATE CONTRIBUTION FOR BU 7 (Employee + 2 or more) (Employee Only) (Employee + 1) **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+ State Contribution | Subtract - \$793 -2040 -1567 **YOUR COST**

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

CALHR Benefits Calculator

FOR BARGAINING UNIT 8 1 Party Enrollment 3+ Party Enrollment 2 Party Enrollment **HEALTH PLANS** CODE (Employee Only) (Employee + 1) (Employee + 2 or more) Anthem Blue Cross Del Norte EPO \$2,431.74 172 \$1,215.87 \$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 \$1,313.92 \$1,708.10 184 \$656.96 Kaiser Permanente 056 \$964.15 \$1,928.30 \$2,506.79 Peace Officers Research Assoc. of CA \$853.00 \$1,708.00 \$2,220.00 207 (PORAC) PERS Gold \$859.31 437 \$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 3+ Party Enrollment 1 Party Enrollment 2 Party Enrollment **DENTAL PLANS** CODE (Employee Only) (Employee + 1) (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 \$44.13 351-016 MetLife Standard \$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 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **VISION PLANS** CODE (Employee Only) (Employee + 1) (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 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **STATE CONTRIBUTION FOR BU 8** (Employee Only) (Employee + 1) (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+ State Contribution Subtract - \$840 -\$1,613 -\$2,086 YOUR COST

2024 BASIC MONTHLY BENEFIT RATES

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

CALHR Benefits Calculator

2024 BASIC MONTHLY BENEFIT RATES FOR BARGAINING UNIT 10 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **HEALTH PLANS** CODE (Employee Only) (Employee + 1) (Employee + 2 or more) Anthem Blue Cross Del Norte EPO \$2,431.74 \$3,161.26 172 \$1,215.87 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 \$2,106.62 184 **Health Net Salud y Mas** \$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** \$1,215.87 \$2,431.74 \$3,161.26 434 **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 \$1,985.62 176 Western Health Advantage HMO \$807.23 \$1,614.46 \$2,098.80 **Health Plan Search** Health plan availability is determined by zip code. Refer to CalPERS website 2024 Health Benefit Summary by Zip Code 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **DENTAL PLANS** CODE (Employee + 1) (Employee + 2 or more) (Employee Only) 351-007 Delta Dental* PPO Plus Premier Basic 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 \$31.42 351-020 \$14.21 \$23.02 \$32.24 Premier Access Western Dental 15.77 36.91 351-025 26.02 *The Delta Dental PPO programs are only available after 2 years of State Service. 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **VISION PLAN** CODE (Employee + 1) (Employee + 2 or more) (Employee Only) 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 1 Party Enrollment 2 Party Enrollment 3+ Party Enrollment **STATE CONTRIBUTION FOR BU 10** (Employee Only) (Employee + 1) (Employee + 2 or more) **Bargaining Unit 10 State Allowance** \$747.00 \$1,492.00 \$1,936.00 **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+ State Contribution Subtract -1492 -1936 -\$747 YOUR COST

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

CALHR Benefits Calculator

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		
Health plan availability is determined by zip o	IPERS 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	(Employee Only) EE \$12.71 – State \$38.12	(Employee + 1) EE \$22.19 - State \$66.56			
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO	351-007 351-018	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA	351-007 351-018 351-009	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard	351-007 351-018 351-009 351-016	(Employee Only) EE \$12.71 – State \$38.12 EE \$11.61 – State \$34.84 Total Premium \$19.44 \$13.85	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access	351-007 351-018 351-009 351-016 351-020	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental	351-007 351-018 351-009 351-016 351-020 351-025	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental	351-007 351-018 351-009 351-016 351-020 351-025	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02	(Employee + 2 or more) EE \$32.07 – State \$96.21 EE \$33.97 – State \$101.91 Total Premium \$44.13 \$31.42 \$32.24		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental	351-007 351-018 351-009 351-016 351-020 351-025	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 r 2 years of State Service	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P	351-007 351-018 351-009 351-016 351-020 351-025 PO programs	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 7 2 years of State Service	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P	351-007 351-018 351-009 351-016 351-020 351-025 PO programs	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only)	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 7 2 years of State Service 2 Party Enrollment (Employee + 1)	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more)		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 r 2 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 7 2 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 r 2 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more)		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 72 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand MONTHLY CO	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 72 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand MONTHLY CO	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475 Ce OST WORK y benefit costs. it Plan Names:	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00 (SHEET FOR BAR Add Health and Dental amounts)	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 72 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand MONTHLY CO Use this space to calculate and compare monthl Benefit	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475 CCE OST WORK by benefit costs it Plan Names: ealth Amount:	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00 (SHEET FOR BAR Add Health and Dental amounts)	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 72 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand MONTHLY CO Use this space to calculate and compare monthl Benefit H "EE" D	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475 CCE OST WORP y benefit costs. it Plan Names: ealth Amount: ental Amount:	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00 (SHEET FOR BAR Add + Add +	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 72 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand MONTHLY CO Use this space to calculate and compare monthl Benefit H "EE" D "EE" V	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475 Ce DST WORK y benefit costs. It Plan Names: ealth Amount: ental Amount:	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00 (SHEET FOR BAR Add Health and Dental amount Add + Add +	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 7 2 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12 Ints, then subtract the State Co	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		
Delta Dental* PPO Plus Premier Basic Delta Dental* PPO DeltaCare USA MetLife Standard Premier Access Western Dental *The Delta Dental P VISION PLAN Vision Service Plan - Basic Vision Service Plan - Premier STATE CONTRIBUTION FOR BU 12 Bargaining Unit 12 State Allowand MONTHLY CO Use this space to calculate and compare monthl Benefit H "EE" D "EE" V	351-007 351-018 351-009 351-016 351-020 351-025 PO programs CODE 475-001 361-475 CCE OST WORP y benefit costs. it Plan Names: ealth Amount: ental Amount:	(Employee Only) EE \$12.71 - State \$38.12 EE \$11.61 - State \$34.84 Total Premium \$19.44 \$13.85 \$14.21 15.77 are only available afte 1 Party Enrollment (Employee Only) EE \$0.00 - State \$8.27 EE \$8.46 - State \$8.27 1 Party Enrollment (Employee Only) \$747.00 (SHEET FOR BAR Add Health and Dental amount Add + Add +	(Employee + 1) EE \$22.19 - State \$66.56 EE \$22.58 - State \$67.73 Total Premium \$31.90 \$22.44 \$23.02 26.02 72 years of State Service 2 Party Enrollment (Employee + 1) EE \$0.00 - State \$8.27 EE \$16.92 - State \$8.27 2 Party Enrollment (Employee + 1) \$1,492.00 GAINING UNIT 12	(Employee + 2 or more) EE \$32.07 - State \$96.21 EE \$33.97 - State \$101.91 Total Premium \$44.13 \$31.42 \$32.24 36.91 3+ Party Enrollment (Employee + 2 or more) EE \$0.00 - State \$8.27 EE \$27.24 - State \$8.27 3+ Party Enrollment (Employee + 2 or more) \$1,936.00		

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

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 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							
VICION DI AN	0005	1 Party Enrollment	2 Party Enrollment	3+ Party Enrollment			
VISION PLAN	CODE	(Employee Only)	(Employee + 1)	(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 COOT WORKSHIFT FOR BARRANING HINT 40							
MONTHLY COST WORKSHEET FOR BARGAINING UNIT 13							
Use this space to calculate and compare monthly benefit costs. A Benefit Plan Names:		Add Health and Dental amo	unts, then subtract the State Con	tribution for your total.			
		A al al					
Health Amount:							
"EE" Dental Amount:							
"EE" Vision Amount:							
State	Subtract -\$747	-1492	-1936				
YOUR COST							

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