

2026 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 Select HMO	181	\$1,090.98	\$2,181.96	\$2,836.55
Anthem Blue Cross Traditional HMO	180	\$1,372.93	\$2,745.86	\$3,569.62
Blue Shield Access + HMO	141	\$1,088.52	\$2,177.04	\$2,830.15
Blue Shield Trio HMO	471	\$936.58	\$1,873.16	\$2,435.11
Health Net Salud y Mas	184	\$789.13	\$1,578.26	\$2,051.74
Kaiser Permanente	056	\$1,097.94	\$2,195.88	\$2,854.64
PERS Gold	642	\$1,043.37	\$2,086.74	\$2,712.76
PERS Platinum	645	\$1,512.13	\$3,024.26	\$3,931.54
Sharp Performance Plus	189	\$916.20	\$1,832.40	\$2,382.12
UnitedHealthCare SignatureValue Alliance	187	\$1,048.16	\$2,096.32	\$2,725.22
UnitedHealthcare SignatureValue Harmony	319	\$920.82	\$1,841.64	\$2,394.13
Western Health Advantage HMO	176	\$969.58	\$1,939.16	\$2,520.91
Peace Officers Research Assoc. of CA (PORAC)	207	\$974.00	\$1,950.00	\$2,534.00
Health plan availability is determined by zip code. Refer to CalPERS website			2026 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	\$49.31	\$86.10	\$124.44
Delta Dental PPO	351-018	\$45.06	\$87.61	\$131.82
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	\$8.10	\$8.10	\$8.10
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	\$963	\$1,860	\$2,410

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 -	-\$963	-\$1,860	-\$2,410
YOUR COST			

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

[CALHR Benefits Calculator](#)