

Full-time SEIU Employer/Employee Paid Benefits for 2025 (will be pro-rated for less than full-time)

[Link to Health Plan Selection Guide](#)

Plan	Premium	Employer	Employee
Kaiser Traditional HMO	12/1/2024	Cost	Cost
Single	1,112.90	890.32	222.58
Single + 1 NEW ENROLLMENT	2,225.80	890.32	1,335.48
Family NEW ENROLLMENT	2,893.54	890.32	2,003.22
Family GRANDFATHERED	2,893.54	950.32	1,943.22
Anthem Blue Cross Select HMO	12/1/2024	Cost	Cost
Single	1,256.65	890.32	366.33
Single + 1 NEW ENROLLMENT	2,513.30	890.32	1,622.98
Family NEW ENROLLMENT	3,267.29	890.32	2,376.97
Family GRANDFATHERED	3,267.29	950.32	2,316.97
Anthem Blue Cross Traditional HMO	12/1/2024	Cost	Cost
Single	1,500.40	890.32	610.08
Single + 1 NEW ENROLLMENT	3,000.80	890.32	2,110.48
Family NEW ENROLLMENT	3,901.04	890.32	3,010.72
Family GRANDFATHERED	3,901.04	950.32	2,950.72
Blue Shield Access + HMO	12/1/2024	Cost	Cost
Single	1,170.17	890.32	279.85
Single + 1 NEW ENROLLMENT	2,340.34	890.32	1,450.02
Family NEW ENROLLMENT	3,042.44	890.32	2,152.12
Family GRANDFATHERED	3,042.44	950.32	2,092.12
Blue Shield Trio HMO	12/1/2024	Cost	Cost
Single	1,134.79	890.32	244.47
Single + 1 NEW ENROLLMENT	2,269.58	890.32	1,379.26
Family NEW ENROLLMENT	2,950.45	890.32	2,060.13
Family GRANDFATHERED	2,950.45	950.32	2,000.13
United HealthCare Signature Alliance HMO	12/1/2024	Cost	Cost
Single	1,184.58	890.32	294.26
Single + 1 NEW ENROLLMENT	2,369.16	890.32	1,478.84
Family NEW ENROLLMENT	3,079.91	890.32	2,189.59
Family GRANDFATHERED	3,079.91	950.32	2,129.59
United HealthCare Signature Value Harmony	12/1/2024	Cost	Cost
Single	1,005.02	890.32	114.70
Single + 1 NEW ENROLLMENT	2,010.04	890.32	1,119.72
Family NEW ENROLLMENT	2,613.05	890.32	1,722.73
Family GRANDFATHERED	2,613.05	950.32	1,662.73
Western Health Advantage HMO	12/1/2024	Cost	Cost
Single	914.27	890.32	23.95
Single + 1 NEW ENROLLMENT	1,828.54	890.32	938.22
Family NEW ENROLLMENT	2,377.10	890.32	1,486.78
Family GRANDFATHERED	2,377.10	950.32	1,426.78
PERS Platinum PPO	12/1/2024	Cost	Cost
Single	1,476.10	890.32	585.78
Single + 1 NEW ENROLLMENT	2,952.20	890.32	2,061.88
Family NEW ENROLLMENT	3,837.86	890.32	2,947.54
Family GRANDFATHERED	3,837.86	950.32	2,887.54
PERS Gold PPO	12/1/2024	Cost	Cost
Single	1,013.70	890.32	123.38
Single + 1 NEW ENROLLMENT	2,027.40	890.32	1,137.08
Family NEW ENROLLMENT	2,635.62	890.32	1,745.30
Family GRANDFATHERED	2,635.62	950.32	1,685.30
VSP Vision	12/1/2024	Cost	Cost
Vision	10.70	10.70	0.00
Delta Dental	12/1/2024	Cost	Cost
Dental	108.25	108.25	0.00
Life	12/1/2024	Cost	Cost
Life	2.25	2.25	0.00

For additional information about medical benefits, [Please Click Here](#)

Vision has a negotiated employer contribution capped at \$13.09 per month.

Dental has a negotiated employer contribution capped at \$121.77 per month

Not all plans are available in your county of residence. Please check the www.calpers.ca.gov website for availability in your area.

Family Grandfathered applies to members who were already enrolled as of 8/30/16.