

Please click on the Provider of your choice for more information

Full-time NCFE 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	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,112.90	450.00	662.90
Single + 1 NEW ENROLLMENT	2,225.80	750.00	1,475.80
Family NEW ENROLLMENT	2,893.54	970.00	1,923.54
Anthem Blue Cross Select HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,256.65	450.00	806.65
Single + 1 NEW ENROLLMENT	2,513.30	750.00	1,763.30
Family NEW ENROLLMENT	3,267.29	970.00	2,297.29
Anthem Blue Cross Traditional HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,500.40	450.00	1,050.40
Single + 1 NEW ENROLLMENT	3,000.80	750.00	2,250.80
Family NEW ENROLLMENT	3,901.04	970.00	2,931.04
Blue Shield Access + HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,170.17	450.00	720.17
Single + 1 NEW ENROLLMENT	2,340.34	750.00	1,590.34
Family NEW ENROLLMENT	3,042.44	970.00	2,072.44
Blue Shield Trio HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,134.79	450.00	684.79
Single + 1 NEW ENROLLMENT	2,269.58	750.00	1,519.58
Family NEW ENROLLMENT	2,950.45	970.00	1,980.45
United HealthCare Signature Alliance HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1184.58	450.00	734.58
Single + 1 NEW ENROLLMENT	2369.16	750.00	1,619.16
Family NEW ENROLLMENT	3079.91	970.00	2,109.91
United HealthCare Signature Value Harmony	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1005.02	450.00	555.02
Single + 1 NEW ENROLLMENT	2010.04	750.00	1,260.04
Family NEW ENROLLMENT	2613.05	970.00	1,643.05
Western Health Advantage HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	914.27	450.00	464.27
Single + 1 NEW ENROLLMENT	1,828.54	750.00	1,078.54
Family NEW ENROLLMENT	2,344.10	970.00	1,374.10
PERS Platinum PPO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,476.10	450.00	1,026.10
Single + 1 NEW ENROLLMENT	2,952.20	750.00	2,202.20
Family NEW ENROLLMENT	3,837.86	970.00	2,867.86
PERS Gold PPO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,013.70	450.00	563.70
Single + 1 NEW ENROLLMENT	2,027.40	750.00	1,277.40
Family NEW ENROLLMENT	2,635.62	970.00	1,665.62
VSP Vision	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Vision	10.70	10.70	0.00
Delta Dental	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Dental	99.57	99.57	0.00
Cash In Lieu		Employer	
Hire before 1-1-06		325.00	
Hired 1-1-06 and on		200.00	

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 \$101.99 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.