

Management and NAPS Employer/Employee Paid Benefits for 2025

[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	-	1,112.90
Single + 1 NEW ENROLLMENT	2,225.80	-	2,225.80
Family NEW ENROLLMENT	2,893.54	-	2,893.54
Anthem Blue Cross Select HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,256.65	-	1,256.65
Single + 1 NEW ENROLLMENT	2,513.30	-	2,513.30
Family NEW ENROLLMENT	3,267.29	-	3,267.29
Anthem Blue Cross Traditional HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,500.40	-	1,500.40
Single + 1 NEW ENROLLMENT	3,000.80	-	3,000.80
Family NEW ENROLLMENT	3,901.04	-	3,901.04
Blue Shield Access + HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,170.17	-	1,170.17
Single + 1 NEW ENROLLMENT	2,340.34	-	2,340.34
Family NEW ENROLLMENT	3,042.44	-	3,042.44
Blue Shield Trio HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,134.79	-	1,134.79
Single + 1 NEW ENROLLMENT	2,269.58	-	2,269.58
Family NEW ENROLLMENT	2,950.45	-	2,950.45
United HealthCare Signature Alliance HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,184.58	-	1,184.58
Single + 1 NEW ENROLLMENT	2,369.16	-	2,369.16
Family NEW ENROLLMENT	3,079.91	-	3,079.91
United HealthCare Signature Value Harmony	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,005.02	-	1,005.02
Single + 1 NEW ENROLLMENT	2,010.04	-	2,010.04
Family NEW ENROLLMENT	2,613.05	-	2,613.05
Western Health Advantage HMO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	914.27	-	914.27
Single + 1 NEW ENROLLMENT	1,828.54	-	1,828.54
Family NEW ENROLLMENT	2,377.10	-	2,377.10
PERS Platinum PPO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,476.10	-	1,476.10
Single + 1 NEW ENROLLMENT	2,952.20	-	2,952.20
Family NEW ENROLLMENT	3,837.86	-	3,837.86
PERS Gold PPO	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	1,013.70	-	1,013.70
Single + 1 NEW ENROLLMENT	2,027.40	-	2,027.40
Family NEW ENROLLMENT	2,635.62	-	2,635.62
VSP Vision	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Vision	10.70	10.70	0.00
Delta Dental (High)	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	53.24	-	53.24
Single +1	106.48	-	106.48
Family	149.08	-	149.08
Delta Dental (Low)	<u>12/1/2024</u>	<u>Cost</u>	<u>Cost</u>
Single	42.61	-	42.61
Single +1	86.53	-	86.53
Family	122.11	-	122.11
Life	15.75	15.75	0.00

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