

**MANAGEMENT/CONFIDENTIAL/PROFESSIONAL
ADMINISTRATIVE**

2027 MONTHLY BENEFIT RATE CHART

Region 1

*Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado,
Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono,
Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San
Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano,
Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba*

***Not all plans are available in all areas - please refer to www.calpers.ca.gov for plan availability

Kaiser	Total	Agency Pays	Employee Pays
Single	\$1,187.63	\$1,187.63	\$.00
2-Party	\$2,375.26	\$2,375.26	\$.00
Family	\$3,087.84	\$3,087.84	\$.00
Blue Shield Access+ HMO	Total	Agency Pays	Employee Pays
Single	\$1,479.12	\$1,187.63	\$ 291.49
2-Party	\$2,958.24	\$2,375.26	\$ 582.98
Family	\$3,845.71	\$3,087.84	\$ 757.87
Blue Shield Trio HMO	Total	Agency Pays	Employee Pays
Single	\$1,202.57	\$1,187.63	\$ 14.94
2-Party	\$2,405.14	\$2,375.26	\$ 29.88
Family	\$3,126.68	\$3,087.84	\$ 38.84
Anthem HMO Select	Total	Agency Pays	Employee Pays
Single	\$1,486.44	\$1,187.63	\$ 298.81
2-Party	\$2,972.88	\$2,375.26	\$ 597.62
Family	\$3,864.74	\$3,087.84	\$ 776.90
Anthem HMO Traditional	Total	Agency Pays	Employee Pays
Single	\$1,732.52	\$1,187.63	\$ 544.89
2-Party	\$3,465.04	\$2,375.26	\$1,089.78
Family	\$4,504.55	\$3,087.84	\$1,416.71
Sutter Health ***	Total	Agency Pays	Employee Pays
Single	\$1,130.67	\$1,130.67	\$.00
2-Party	\$2,261.34	\$2,261.34	\$.00
Family	\$2,939.74	\$2,939.74	\$.00
Western Health Advantage HMO***	Total	Agency Pays	Employee Pays
Single	\$1,030.80	\$1,030.80	\$.00
2-Party	\$2,061.60	\$2,061.60	\$.00
Family	\$2,680.08	\$2,680.08	\$.00
PERS Gold PPO	Total	Agency Pays	Employee Pays
Single	\$1,215.17	\$1,187.63	\$ 27.54
2-Party	\$2,430.34	\$2,375.26	\$ 55.08
Family	\$3,159.44	\$3,087.84	\$ 71.60
PERS Platinum PPO	Total	Agency Pays	Employee Pays
Single	\$1,778.62	\$1,187.63	\$ 590.99
2-Party	\$3,557.24	\$2,375.26	\$1,181.98
Family	\$4,624.41	\$3,087.84	\$1,536.57
Delta Dental	Total	Agency Pays	Employee Pays
Single	\$ 53.90	\$ 53.90	\$.00
2-Party	\$ 100.11	\$ 100.11	\$.00
Family	\$ 152.18	\$ 152.18	\$.00
Vision (VSP)	Total	Agency Pays	Employee Pays
Single	\$ 8.11	\$ 8.11	\$.00
2-Party	\$ 16.93	\$ 16.93	\$.00
Family	\$ 24.33	\$ 24.33	\$.00

Cash In Lieu of Medical:	\$400.00	Total Monthly Allotment*
	\$337.90	w/single dental & vision
	\$284.66	w/2-party dental & vision
	\$228.24	w/family dental & vision

*All employees must enroll in at least single dental and vision