

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2025 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee	2025 Amount Paid by CSU	2025 Amount Paid by Employee	2024 Amount Paid by Employee
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	\$1,309.07	\$1,060.00	\$249.07	\$214.94	\$1,065.00	\$244.07	\$209.94
	Employee + 1	\$2,618.14	\$2,039.00	\$579.14	\$505.88	\$2,049.00	\$569.14	\$495.88
	Employee + 2 or more	\$3,403.58	\$2,551.00	\$852.58	\$748.64	\$2,571.00	\$832.58	\$728.64
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	\$965.86	\$965.86	\$0.00	\$0.00	\$965.86	\$0.00	\$0.00
	Employee + 1	\$1,931.72	\$1,931.72	\$0.00	\$0.00	\$1,931.72	\$0.00	\$0.00
	Employee + 2 or more	\$2,511.24	\$2,511.24	\$0.00	\$0.00	\$2,511.24	\$0.00	\$0.00
BLUE SHIELD ACCESS+ EPO CALIFORNIA <i>(Del Norte Only)</i>	Employee Only	\$965.86	\$965.86	\$0.00	\$0.00	\$965.86	\$0.00	\$0.00
	Employee + 1	\$1,931.72	\$1,931.72	\$0.00	\$0.00	\$1,931.72	\$0.00	\$0.00
	Employee + 2 or more	\$2,511.24	\$2,511.24	\$0.00	\$0.00	\$2,511.24	\$0.00	\$0.00
KAISER PERMANENTE - OUT OF STATE	Employee Only	\$1,422.26	\$1,060.00	\$362.26	\$329.45	\$1,065.00	\$357.26	\$324.45
	Employee + 1	\$2,844.52	\$2,039.00	\$805.52	\$734.90	\$2,049.00	\$795.52	\$724.90
	Employee + 2 or more	\$3,697.88	\$2,551.00	\$1,146.88	\$1,046.37	\$2,571.00	\$1,126.88	\$1,026.37
PERS PLATINUM	Employee Only	\$1,335.30	\$1,060.00	\$275.30	\$232.87	\$1,065.00	\$270.30	\$227.87
	Employee + 1	\$2,670.60	\$2,039.00	\$631.60	\$541.74	\$2,049.00	\$621.60	\$531.74
	Employee + 2 or more	\$3,471.78	\$2,551.00	\$920.78	\$795.26	\$2,571.00	\$900.78	\$775.26
PERS GOLD	Employee Only	\$943.70	\$943.70	\$0.00	\$0.00	\$943.70	\$0.00	\$0.00
	Employee + 1	\$1,887.40	\$1,887.40	\$0.00	\$0.00	\$1,887.40	\$0.00	\$0.00
	Employee + 2 or more	\$2,453.62	\$2,453.62	\$0.00	\$0.00	\$2,453.62	\$0.00	\$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	\$894.00	\$894.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1	\$1,789.00	\$1,789.00	\$0.00	\$0.00			
	Employee + 2 or more	\$2,325.00	\$2,325.00	\$0.00	\$0.00			
WESTERN HEALTH ADVANTAGE <i>(Restricted to Bay Area, Sacramento and other Northern regions)</i>	Employee Only	\$914.27	\$914.27	\$0.00	\$0.00	\$914.27	\$0.00	\$0.00
	Employee + 1	\$1,828.54	\$1,828.54	\$0.00	\$0.00	\$1,828.54	\$0.00	\$0.00
	Employee + 2 or more	\$2,377.10	\$2,377.10	\$0.00	\$0.00	\$2,377.10	\$0.00	\$0.00