

**CERTIFICATED - CTA  
2024 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](http://www.calpers.ca.gov) for plan availability

<b>Kaiser</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$1,021.41	\$1,021.41	\$ .00
2-Party	\$2,042.82	\$2,042.82	\$ .00
Family	\$2,655.67	\$2,655.67	\$ .00
<b>Blue Shield Access+ HMO</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$1,076.84	\$1,021.41	\$ 55.43
2-Party	\$2,153.68	\$2,042.82	\$ 110.86
Family	\$2,799.78	\$2,655.67	\$ 144.11
<b>Blue Shield Trio HMO***</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$ 946.84	\$ 946.84	\$ .00
2-Party	\$1,893.68	\$1,893.68	\$ .00
Family	\$2,461.78	\$2,461.78	\$ .00
<b>Anthem HMO Select</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$1,138.86	\$1,076.74	\$ 62.12
2-Party	\$2,277.72	\$2,140.72	\$ 137.00
Family	\$2,961.04	\$2,782.91	\$ 178.13
<b>Anthem HMO Traditional</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$1,339.70	\$1,084.84	\$ 254.86
2-Party	\$2,679.40	\$2,105.72	\$ 573.68
Family	\$3,483.22	\$2,725.86	\$ 757.37
<b>UnitedHealthcare SignatureValue Alliance</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$1,091.13	\$1,007.02	\$ 84.11
2-Party	\$2,182.26	\$1,921.45	\$ 260.81
Family	\$2,836.94	\$2,486.32	\$ 350.62
<b>UnitedHealthcare SignatureValue Harmony***</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$ 937.39	\$ 937.39	\$ .00
2-Party	\$1,874.78	\$1,874.78	\$ .00
Family	\$2,437.21	\$2,437.21	\$ .00
<b>Western Health Advantage HMO***</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$ 807.23	\$ 807.23	\$ .00
2-Party	\$1,614.46	\$1,614.46	\$ .00
Family	\$2,098.80	\$2,098.80	\$ .00
<b>PERS Gold PPO</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$ 914.82	\$ 914.82	\$ .00
2-Party	\$1,829.64	\$1,829.64	\$ .00
Family	\$2,378.53	\$2,378.53	\$ .00
<b>PERS Platinum PPO</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$1,314.27	\$1,089.96	\$ 224.31
2-Party	\$2,628.54	\$2,141.73	\$ 486.81
Family	\$3,417.10	\$2,772.80	\$ 644.30
<b>Delta Dental</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$ 51.59	\$ 51.59	\$ .00
2-Party	\$ 95.81	\$ 95.81	\$ .00
Family	\$ 145.65	\$ 145.65	\$ .00
<b>Vision (VSP)</b>	<b>Total</b>	<b>Agency Pays</b>	<b>Employee Pays</b>
Single	\$ 8.11	\$ 8.11	\$ .00
2-Party	\$ 16.93	\$ 16.93	\$ .00
Family	\$ 24.33	\$ 24.33	\$ .00
<b>Cash In Lieu of Medical:</b>	<b>\$300.00</b>	<b>Total Monthly Allotment*</b>	
	\$240.30	w/single dental & vision	
	\$187.26	w/2-party dental & vision	
	\$130.02	w/family dental & vision	

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

\*\* For other regions, Employee Pay remains the same and Agency Pays will vary