

Fringe Benefits Premium/Employee Contributions Monthly Rates for CalPERS Medical Plans

12-Month Employees – Administrators
Paid Once a Month

JANUARY 1, 2026 - DECEMBER 31, 2026

Monthly Rates as of July 1, 2026 for CalPERS Medical Plans

2026 DISTRICT CONTRIBUTION MONTHLY MAXIMUMS	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$1,333.33	\$1,833.33	\$2,250.00

BLUE SHIELD PPO PLANS

PERS Platinum (90/10)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$1,431.81	\$2,863.32	\$3,722.71
DISTRICT CONTRIBUTION	\$1,333.33	\$1,833.33	\$2,250.00
EMPLOYEE DEDUCTION	\$98.48	\$1,029.99	\$1,472.71
PERS Gold (80/20)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$960.03	\$1,920.06	\$2,496.08
DISTRICT CONTRIBUTION	\$960.03	\$1,833.33	\$2,250.00
EMPLOYEE DEDUCTION	\$0.00	\$86.72	\$246.08

HMO PLANS

Kaiser			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$969.05	\$1,938.10	\$2,519.53
DISTRICT CONTRIBUTION	\$969.05	\$1,863.33	\$2,250.00
EMPLOYEE DEDUCTION	\$0.00	\$104.77	\$136.57
Blue Shield Access + HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$917.91	\$1,835.82	\$2,386.57
DISTRICT CONTRIBUTION	\$917.91	\$1,833.33	\$2,250.00
EMPLOYEE DEDUCTION	\$0.00	\$2.49	\$136.57

HMO PLANS (Continued)

Blue Shield Trio HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$852.56	\$1,705.12	\$2,216.66
DISTRICT CONTRIBUTION	\$852.56	\$1,705.12	\$2,216.66
EMPLOYEE DEDUCTION	\$0.00	\$0.00	\$0.00
Anthem HMO Select			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$962.68	\$1,925.36	\$2,502.97
DISTRICT CONTRIBUTION	\$962.68	\$1,833.33	\$2,250.00
EMPLOYEE DEDUCTION	\$0.00	\$92.03	\$252.97
Anthem HMO Traditional			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$1,128.53	\$2,257.06	\$2,934.18
DISTRICT CONTRIBUTION	\$1,128.53	\$1,833.33	\$2,250.00
EMPLOYEE DEDUCTION	\$0.00	\$423.73	\$684.18
Health Net Salud y Mas HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$740.11	\$1,480.22	\$1,924.29
DISTRICT CONTRIBUTION	\$740.11	\$1,480.22	\$1,924.29
EMPLOYEE DEDUCTION	\$0.00	\$0.00	\$0.00
UnitedHealthcare Alliance			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$870.76	\$1,741.52	\$2,263.98
DISTRICT CONTRIBUTION	\$870.76	\$1,741.52	\$2,250.00
EMPLOYEE DEDUCTION	\$0.00	\$0.00	\$13.98
UnitedHealthcare Harmony			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$765.51	\$1,531.02	\$1,990.33
DISTRICT CONTRIBUTION	\$765.51	\$1,531.02	\$1,990.33
EMPLOYEE DEDUCTION	\$0.00	\$0.00	\$0.00