

Early Retiree Medical Premium costs for the CalPERS - Region 1 for 2025

By Bargaining Unit FOR EMPLOYEES HIRED BEFORE 07/01/2003

SUSU, CSEA 821, CSEA 318, Board Members, CSEA 885, Police					STA, USA, NUHW, Management, Confidential *					Retired on or after Feb 1, 2017				
										SPPA, USA ****				
Tier	Plan / Premium	SUSD Reimbursement to Retiree. **	Employer Share ***	Retiree Cost per Month	Tier	Plan / Premium	SUSD Reimbursement to Retiree. **	Employer Share ***	Retiree Cost per Month	Tier	Plan / Premium	SUSD Reimbursement to Retiree. **	Employer Share ***	Retiree Cost per Month
Blue Shield Access+ HMO					Blue Shield Access+ HMO					Blue Shield Access+ HMO				
Single	\$1,170.17	\$ 787.87	\$ 126.40	\$255.90	Single	\$1,170.17	\$ 787.87	\$ 126.40	\$255.90	Single	\$1,170.17	\$ 787.87	\$ 126.40	\$255.90
Plus 1	\$2,340.34	\$ 787.87	\$ 126.40	\$1,426.07	Plus 1	\$2,340.34	\$ 1,702.14	\$ 126.40	\$511.80	Plus 1	\$2,340.34	\$ 1,702.14	\$ 126.40	\$511.80
Family	\$3,042.44	\$ 787.87	\$ 126.40	\$2,128.17	Family	\$3,042.44	\$ 2,250.70	\$ 126.40	\$665.34	Family	\$3,042.44	\$ 1,702.14	\$ 126.40	\$1,213.90
Blue Shield EPO					Blue Shield EPO					Blue Shield EPO				
Single	\$1,170.17	\$ 787.87	\$ 126.40	\$255.90	Single	\$1,170.17	\$ 787.87	\$ 126.40	\$255.90	Single	\$1,170.17	\$ 787.87	\$ 126.40	\$255.90
Plus 1	\$2,340.34	\$ 787.87	\$ 126.40	\$1,426.07	Plus 1	\$2,340.34	\$ 1,702.14	\$ 126.40	\$511.80	Plus 1	\$2,340.34	\$ 1,702.14	\$ 126.40	\$511.80
Family	\$3,042.44	\$ 787.87	\$ 126.40	\$2,128.17	Family	\$3,042.44	\$ 2,250.70	\$ 126.40	\$665.34	Family	\$3,042.44	\$ 1,702.14	\$ 126.40	\$1,213.90
Blue Shield Trio HMO					Blue Shield Trio HMO					Blue Shield Trio HMO				
Single	\$1,134.79	\$ 787.87	\$ 126.40	\$220.52	Single	\$1,134.79	\$ 787.87	\$ 126.40	\$220.52	Single	\$1,134.79	\$ 787.87	\$ 126.40	\$220.52
Plus 1	\$2,269.58	\$ 787.87	\$ 126.40	\$1,355.31	Plus 1	\$2,269.58	\$ 1,702.14	\$ 126.40	\$441.04	Plus 1	\$2,269.58	\$ 1,702.14	\$ 126.40	\$441.04
Family	\$2,950.45	\$ 787.87	\$ 126.40	\$2,036.18	Family	\$2,950.45	\$ 2,250.70	\$ 126.40	\$573.35	Family	\$2,950.45	\$ 1,702.14	\$ 126.40	\$1,121.91
Kaiser HMO CA					Kaiser HMO CA					Kaiser HMO CA				
Single	\$1,112.90	\$ 787.87	\$ 126.40	\$198.63	Single	\$1,112.90	\$ 787.87	\$ 126.40	\$198.63	Single	\$1,112.90	\$ 787.87	\$ 126.40	\$198.63
Plus 1	\$2,225.80	\$ 787.87	\$ 126.40	\$1,311.53	Plus 1	\$2,225.80	\$ 1,702.14	\$ 126.40	\$397.26	Plus 1	\$2,225.80	\$ 1,702.14	\$ 126.40	\$397.26
Family	\$2,893.54	\$ 787.87	\$ 126.40	\$1,979.27	Family	\$2,893.54	\$ 2,250.70	\$ 126.40	\$516.44	Family	\$2,893.54	\$ 1,702.14	\$ 126.40	\$1,065.00
PORAC PPO - Police Only					PORAC PPO - Police Only					PORAC PPO - Police Only				
Single	\$975.00	\$ 787.87	\$ 126.40	\$60.73	Single	\$975.00	\$ 787.87	\$ 126.40	\$60.73	Single	\$975.00	\$ 787.87	\$ 126.40	\$60.73
Plus 1	\$2,218.00	\$ 787.87	\$ 126.40	\$1,303.73	Plus 1	\$2,218.00	\$ 1,702.14	\$ 126.40	\$389.46	Plus 1	\$2,218.00	\$ 1,702.14	\$ 126.40	\$389.46
Family	\$2,777.00	\$ 787.87	\$ 126.40	\$1,862.73	Family	\$2,777.00	\$ 2,250.70	\$ 126.40	\$399.90	Family	\$2,777.00	\$ 1,702.14	\$ 126.40	\$948.46
PERS Gold PPO					PERS Gold PPO					PERS Gold PPO				
Single	\$1,013.70	\$ 787.87	\$ 126.40	\$99.43	Single	\$1,013.70	\$ 787.87	\$ 126.40	\$99.43	Single	\$1,013.70	\$ 787.87	\$ 126.40	\$99.43
Plus 1	\$2,027.40	\$ 787.87	\$ 126.40	\$1,113.13	Plus 1	\$2,027.40	\$ 1,702.14	\$ 126.40	\$198.86	Plus 1	\$2,027.40	\$ 1,702.14	\$ 126.40	\$198.86
Family	\$2,635.62	\$ 787.87	\$ 126.40	\$1,721.35	Family	\$2,635.62	\$ 2,250.70	\$ 126.40	\$258.52	Family	\$2,635.62	\$ 1,702.14	\$ 126.40	\$807.08
PERS Platinum PPO					PERS Platinum PPO					PERS Platinum PPO				
Single	\$1,476.10	\$ 787.87	\$ 126.40	\$561.83	Single	\$1,476.10	\$ 787.87	\$ 126.40	\$561.83	Single	\$1,476.10	\$ 787.87	\$ 126.40	\$561.83
Plus 1	\$2,952.20	\$ 787.87	\$ 126.40	\$2,037.93	Plus 1	\$2,952.20	\$ 1,702.14	\$ 126.40	\$1,123.66	Plus 1	\$2,952.20	\$ 1,702.14	\$ 126.40	\$1,123.66
Family	\$3,837.86	\$ 787.87	\$ 126.40	\$2,923.59	Family	\$3,837.86	\$ 2,250.70	\$ 126.40	\$1,460.76	Family	\$3,837.86	\$ 1,702.14	\$ 126.40	\$2,009.32
Anthem Select HMO					Anthem Select HMO					Anthem Select HMO				
Single	\$1,256.65	\$ 787.87	\$ 126.40	\$342.38	Single	\$1,256.65	\$ 787.87	\$ 126.40	\$342.38	Single	\$1,256.65	\$ 787.87	\$ 126.40	\$342.38
Plus 1	\$2,513.30	\$ 787.87	\$ 126.40	\$1,599.03	Plus 1	\$2,513.30	\$ 1,702.14	\$ 126.40	\$684.76	Plus 1	\$2,513.30	\$ 1,702.14	\$ 126.40	\$684.76
Family	\$3,267.29	\$ 787.87	\$ 126.40	\$2,353.02	Family	\$3,267.29	\$ 2,250.70	\$ 126.40	\$890.19	Family	\$3,267.29	\$ 1,702.14	\$ 126.40	\$1,438.75
Anthem Traditional HMO					Anthem Traditional HMO					Anthem Traditional HMO				
Single	\$1,500.40	\$ 787.87	\$ 126.40	\$586.13	Single	\$1,500.40	\$ 787.87	\$ 126.40	\$586.13	Single	\$1,500.40	\$ 787.87	\$ 126.40	\$586.13
Plus 1	\$3,000.80	\$ 787.87	\$ 126.40	\$2,086.53	Plus 1	\$3,000.80	\$ 1,702.14	\$ 126.40	\$1,172.26	Plus 1	\$3,000.80	\$ 1,702.14	\$ 126.40	\$1,172.26
Family	\$3,901.04	\$ 787.87	\$ 126.40	\$2,986.77	Family	\$3,901.04	\$ 2,250.70	\$ 126.40	\$1,523.94	Family	\$3,901.04	\$ 1,702.14	\$ 126.40	\$2,072.50
UnitedHealthcare HMO					UnitedHealthcare HMO					UnitedHealthcare HMO				
Single	\$1,184.58	\$ 787.87	\$ 126.40	\$270.31	Single	\$1,184.58	\$ 787.87	\$ 126.40	\$270.31	Single	\$1,184.58	\$ 787.87	\$ 126.40	\$270.31
Plus 1	\$2,369.16	\$ 787.87	\$ 126.40	\$1,454.89	Plus 1	\$2,369.16	\$ 1,702.14	\$ 126.40	\$540.62	Plus 1	\$2,369.16	\$ 1,702.14	\$ 126.40	\$540.62
Family	\$3,079.91	\$ 787.87	\$ 126.40	\$2,165.64	Family	\$3,079.91	\$ 2,250.70	\$ 126.40	\$702.81	Family	\$3,079.91	\$ 1,702.14	\$ 126.40	\$1,251.37
Western Health Advantage HMO					Western Health Advantage HMO					Western Health Advantage HMO				
Single	\$914.27	\$ 787.87	\$ 126.40	\$0.00	Single	\$914.27	\$ 787.87	\$ 126.40	\$0.00	Single	\$914.27	\$ 787.87	\$ 126.40	\$0.00
Plus 1	\$1,828.54	\$ 787.87	\$ 126.40	\$914.27	Plus 1	\$1,828.54	\$ 1,702.14	\$ 126.40	\$0.00	Plus 1	\$1,828.54	\$ 1,702.14	\$ 126.40	\$0.00
Family	\$2,377.10	\$ 787.87	\$ 126.40	\$1,462.83	Family	\$2,377.10	\$ 2,250.70	\$ 126.40	\$0.00	Family	\$2,377.10	\$ 1,702.14	\$ 126.40	\$548.56

* The following groups have negotiated multiple dependents medical coverage for early retirees.

** SUSD cost is the least expensive medical plan premium, (Western Health Advantage HMO 2025) for early retirees hired before 07/01/2003.

*** Employer Share of \$126.4 is paid directly to CalPERS in accordance with the CalPERS enrollment rules for school districts participating in the health benefits program

**** The following groups have negotiated plus one dependent medical coverage for employees retiring on or after Feb 1, 2017 based on the least expensive medical plan, (Western Health Advantage HMO).