

COURTS HEALTH PLAN RATES

Effective January 1, 2024

Please verify a plan's availability at www.calpers.ca.gov and enter your zip code on the 'Health Plan Search by ZIP Code' tool.

CalPERS Region 2 | Fresno, Kern, Kings, Madera, & Tulare Counties

PLANS	SINGLE			TWO-PARTY			FAMILY		
	Total Cost	Employer Cost	Employee Cost	Total Cost	Employer Cost	Employee Cost	Total Cost	Employer Cost	Employee Cost
United Healthcare (HMO)	\$ 837.88	\$ 837.88	0.00	\$ 1,675.76	\$ 1,256.82	\$ 418.94	\$ 2,178.49	\$ 1,508.19	\$ 670.30
Anthem Select (HMO)*	\$ 807.71	\$ 807.71	0.00	\$ 1,615.42	\$ 1,256.82	\$ 358.60	\$ 2,100.05	\$ 1,508.19	\$ 591.86
Anthem Traditional (HMO)	\$ 1,034.38	\$ 837.88	\$ 196.50	\$ 2,068.76	\$ 1,256.82	\$ 811.94	\$ 2,689.39	\$ 1,508.19	\$ 1,181.20
Blue Shield Access+ (HMO)	\$ 869.14	\$ 837.88	\$ 31.26	\$ 1,738.28	\$ 1,256.82	\$ 481.46	\$ 2,259.76	\$ 1,508.19	\$ 751.57
Kaiser (HMO)	\$ 904.95	\$ 837.88	\$ 67.07	\$ 1,809.90	\$ 1,256.82	\$ 553.08	\$ 2,352.87	\$ 1,508.19	\$ 844.68
PERS Platinum (PPO)	\$ 1,151.50	\$ 837.88	\$ 313.62	\$ 2,303.00	\$ 1,256.82	\$ 1,046.18	\$ 2,993.90	\$ 1,508.19	\$ 1,485.71
PERS Gold (PPO)	\$ 799.44	\$ 799.44	0.00	\$ 1,598.88	\$ 1,256.82	\$ 342.06	\$ 2,078.54	\$ 1,508.19	\$ 570.35

CalPERS Region 1 | Mariposa, Merced, & Stanislaus Counties

PLANS	SINGLE			TWO-PARTY			FAMILY		
	Total Cost	Employer Cost	Employee Cost	Total Cost	Employer Cost	Employee Cost	Total Cost	Employer Cost	Employee Cost
United Healthcare (HMO)	\$ 1,091.13	\$ 1,091.13	0.00	\$ 2,182.26	\$ 1,636.70	\$ 545.56	\$ 2,836.94	\$ 1,964.04	\$ 872.90
Anthem Select (HMO)' +	\$ 1,138.86	\$ 1,091.13	\$ 47.73	\$ 2,277.72	\$ 1,636.70	\$ 641.02	\$ 2,961.04	\$ 1,964.04	\$ 997.00
Anthem Blue Cross Traditional (HMO)' +	\$ 1,339.70	\$ 1,091.13	\$ 248.57	\$ 2,679.40	\$ 1,636.70	\$ 1,042.70	\$ 3,483.22	\$ 1,964.04	\$ 1,519.18
Blue Shield Access+ (HMO)	\$ 1,076.84	\$ 1,076.84	0.00	\$ 2,153.68	\$ 1,636.70	\$ 516.98	\$ 2,799.78	\$ 1,964.04	\$ 835.74
Kaiser (HMO) '++	\$ 1,021.41	\$ 1,021.41	0.00	\$ 2,042.82	\$ 1,636.70	\$ 406.12	\$ 2,655.67	\$ 1,964.04	\$ 691.63
PERS Platinum (PPO)	\$ 1,314.27	\$ 1,091.13	\$ 223.14	\$ 2,628.54	\$ 1,636.70	\$ 991.84	\$ 3,417.10	\$ 1,964.04	\$ 1,453.06
PERS Gold (PPO)	\$ 914.82	\$ 914.82	0.00	\$ 1,829.64	\$ 1,636.70	\$ 192.94	\$ 2,378.53	\$ 1,964.04	\$ 414.49

Dental & Vision

PLANS	SINGLE			TWO-PARTY			FAMILY		
	Total Cost	Employer Cost	Employee Cost	Total Cost	Employer Cost	Employee Cost	Total Cost	Employer Cost	Employee Cost
Ameritas (PPO)	\$ 36.46	\$ 36.46	0.00	\$ 74.45	\$ 55.45	\$ 19.00	\$ 113.52	\$ 74.99	\$ 38.53
DeltaCare (HMO)	\$ 36.46	\$ 36.46	0.00	\$ 74.45	\$ 55.45	\$ 19.00	\$ 113.52	\$ 74.99	\$ 38.53
VSP Vision	\$ 10.82	\$ 10.82	0.00	\$ 10.82	\$ 10.82	0.00	\$ 10.82	\$ 10.82	0.00

Monthly rates based on 100% Employer Contribution for Single (50% Deps) using Benchmark Plan Rates

Benchmark Plan indicates the plan used to determine the County's (Employer's) contribution towards the total cost.

PLEASE NOTE: The Health Plan Rate Chart has been updated to separate out the health, dental and vision plans rates. Payroll deductions for the 2024 Plan Year will begin with the December 2023 paycheck, and the rates for employee medical, dental and vision will be listed as separate deductions on the paystub.

* NOT available in Madera County and/or have limited availability in surrounding zip codes.

' ++ NOT available in Merced County

+ NOT available in Mariposa County