

The California State University, East Bay
PREMIUM RATES FOR HEALTH PLANS
Effective January 1, 2021

<http://www.calpers.ca.gov>

Plan/Enrollees	HMO's Gross Premium	EMPLOYEE COST		Amount Paid by CSU	
		Unit 6	All Other Units	STATE	CONTRIBUTION
		Monthly Premium	Monthly Premium	Unit 6	All Other Units
Anthem Blue Cross Select					
EMPLOYEE ONLY:	\$800.55	\$0.00	\$2.55	\$800.55	\$798.00
EMPLOYEE + 1:	\$1,601.10	\$72.10	\$82.10	\$1,529.00	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$2,081.43	\$124.43	\$144.43	\$1,957.00	\$1,937.00
Anthem Blue Cross Traditional					
EMPLOYEE ONLY:	\$1,220.32	\$417.32	\$422.32	\$803.00	\$798.00
EMPLOYEE + 1:	\$2,440.64	\$911.64	\$921.64	\$1,529.00	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$3,172.83	\$1,215.83	\$1,235.83	\$1,957.00	\$1,937.00
***Blue Shield HMO Access+ CA					
EMPLOYEE ONLY:	\$938.96	\$135.96	\$140.96	\$803.00	\$798.00
EMPLOYEE + 1:	\$1,877.92	\$348.92	\$358.92	\$1,529.00	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$2,441.30	\$484.30	\$504.30	\$1,957.00	\$1,937.00
***Blue Shield Trio					
EMPLOYEE ONLY:	\$722.56	\$0.00	\$0.00	\$722.56	\$722.56
EMPLOYEE + 1:	\$1,445.12	\$0.00	\$0.00	\$1,445.12	\$1,445.12
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$1,878.66	\$0.00	\$0.00	\$1,878.66	\$1,878.66
Health Net SmartCare					
EMPLOYEE ONLY:	\$924.36	\$121.36	\$126.36	\$803.00	\$798.00
EMPLOYEE + 1:	\$1,848.72	\$319.72	\$329.72	\$1,529.00	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$2,403.34	\$446.34	\$466.34	\$1,957.00	\$1,937.00
Kaiser Permanente					
EMPLOYEE ONLY:	\$761.62	\$0.00	\$0.00	\$761.62	\$761.62
EMPLOYEE + 1:	\$1,523.24	\$0.00	\$4.24	\$1,523.24	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$1,980.21	\$23.21	\$43.21	\$1,957.00	\$1,937.00
United Health Care					
EMPLOYEE ONLY:	\$755.61	\$0.00	\$0.00	\$755.61	\$755.61
EMPLOYEE + 1:	\$1,511.22	\$0.00	\$0.00	\$1,511.22	\$1,511.22
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$1,964.59	\$7.59	\$27.59	\$1,957.00	\$1,937.00
***Western Health Advantage					
EMPLOYEE ONLY:	\$757.02	\$0.00	\$0.00	\$757.02	\$757.02
EMPLOYEE + 1:	\$1,514.04	\$0.00	\$0.00	\$1,514.04	\$1,514.04
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$1,968.25	\$11.25	\$31.25	\$1,957.00	\$1,937.00

http://www.calpers.ca.gov	PPO's	EMPLOYEE COST		CONTRIBUTION	
Plan/Enrollees	Gross Premium	Unit 6 Monthly Premium	All Other Units Monthly Premium	STATE	CONTRIBUTION
				Unit 6	All Other Units
PERS CARE					
EMPLOYEE ONLY:	\$1,111.87	\$308.87	\$313.87	\$803.00	\$798.00
EMPLOYEE + 1:	\$2,223.74	\$694.74	\$704.74	\$1,529.00	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$2,890.86	\$933.86	\$953.86	\$1,957.00	\$1,937.00
PERS CHOICE					
EMPLOYEE ONLY:	\$849.23	\$46.23	\$51.23	\$803.00	\$798.00
EMPLOYEE + 1:	\$1,698.46	\$169.46	\$179.46	\$1,529.00	\$1,519.00
EMPLOYEE + 2 OR MORE DEPENDENTS:	\$2,208.00	\$251.00	\$271.00	\$1,957.00	\$1,937.00
***PERS SELECT					
EMPLOYEE ONLY:	\$527.39	\$0.00	\$0.00	\$527.39	\$527.39
EMPLOYEE +1:	\$1,054.78	\$0.00	\$0.00	\$1,054.78	\$1,054.78
EMPLOYEE +2 OR MORE DEPENDENTS	\$1,371.21	\$0.00	\$0.00	\$1,371.21	\$1,371.21

*** Blue Shield Access+ HMO is not available in the following counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano and Sonoma.

***Blue Shield Trio only available in El Dorado, Los Angeles, Nevada, Placer, Sacramento and Yolo counties. For 2021 Plan For 2021, plan will expand into Santa Barbara, San Luis Obispo and Ventura counties.

***PERS Select (PPO) - County restrictions have been removed. Coverage available in all counties in California.

Member must reside in California, plan availability based on home or work zip code

Employee Collective Bargaining Units

Unit 6 (Teamsters) Skilled Crafts	All Other Units:	Unit 5 (CSUEU) Operations and Support Services
	Unit 1 (UAPD) Physicians	Unit 7 (CSUEU) Clerical and Support Services
	Unit 2 (CSUEU) Health Care Su	Unit 8 (SUPA) Public Safety Officers
	Unit 3 (CFA) Faculty	Unit 9 (CSUEU) Technical and Support Services
	Unit 4 (APC) Academic Prof.	Unit 11(UAW) Teaching Associates
		MPP and Confidential Employees(C99)