

**Please click on the Provider of your choice for more information**

Full-time NCFE Employer/Employee Paid Benefits for 2026 (will be pro-rated for less than full-time) Coverage is effective 1/1/2026

[Link to Health Plan Selection Guide](#)

Plan	Premium	Employer	Employee
<a href="#">Kaiser Traditional HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,168.86	475.00	693.86
Single + 1 NEW ENROLLMENT	2,337.72	775.00	1,562.72
Family NEW ENROLLMENT	3,039.04	995.00	2,044.04
<a href="#">Anthem Blue Cross Select HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,336.29	475.00	861.29
Single + 1 NEW ENROLLMENT	2,672.58	775.00	1,897.58
Family NEW ENROLLMENT	3,474.35	995.00	2,479.35
<a href="#">Anthem Blue Cross Traditional HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,612.08	475.00	1,137.08
Single + 1 NEW ENROLLMENT	3,224.16	775.00	2,449.16
Family NEW ENROLLMENT	4,191.41	995.00	3,196.41
<a href="#">Blue Shield Access + HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,301.95	475.00	826.95
Single + 1 NEW ENROLLMENT	2,603.90	775.00	1,828.90
Family NEW ENROLLMENT	3,385.07	995.00	2,390.07
<a href="#">Blue Shield Trio HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,166.58	475.00	691.58
Single + 1 NEW ENROLLMENT	2,333.16	775.00	1,558.16
Family NEW ENROLLMENT	3,033.11	995.00	2,038.11
<a href="#">United HealthCare Signature Alliance HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1290.06	475.00	815.06
Single + 1 NEW ENROLLMENT	2580.12	775.00	1,805.12
Family NEW ENROLLMENT	3354.16	995.00	2,359.16
<a href="#">United HealthCare Signature Value Harmony</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1133.09	475.00	658.09
Single + 1 NEW ENROLLMENT	2266.18	775.00	1,491.18
Family NEW ENROLLMENT	2946.03	995.00	1,951.03
<a href="#">Western Health Advantage HMO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	969.58	475.00	494.58
Single + 1 NEW ENROLLMENT	1,939.16	775.00	1,164.16
Family NEW ENROLLMENT	2,520.91	995.00	1,525.91
<a href="#">PERS Platinum PPO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,670.14	475.00	1,195.14
Single + 1 NEW ENROLLMENT	3,340.28	775.00	2,565.28
Family NEW ENROLLMENT	4,342.36	995.00	3,347.36
<a href="#">PERS Gold PPO</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Single	1,120.58	475.00	645.58
Single + 1 NEW ENROLLMENT	2,241.16	775.00	1,466.16
Family NEW ENROLLMENT	2,913.51	995.00	1,918.51
<a href="#">VSP Vision</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Vision	10.70	10.70	0.00
<a href="#">Delta Dental</a>	<u>12/1/2025</u>	<u>Cost</u>	<u>Cost</u>
Dental	99.57	99.57	0.00
<b>Cash In Lieu</b>		<b>Employer</b>	
Hire before 1-1-06		325.00	
Hired 1-1-06 and on		200.00	

For additional information about medical benefits, [Please Click Here](#)

Vision has a negotiated employer contribution capped at \$13.09 per month.

Dental has a negotiated employer contribution capped at \$101.99 per month

**Not all plans are available in your county of residence. Please check the [www.calpers.ca.gov](http://www.calpers.ca.gov) website for availability in your area.**