

Full-time SEIU 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
Kaiser Traditional HMO	12/1/2025	Cost	Cost
Single	1,168.86	935.09	233.77
Single + 1 NEW ENROLLMENT	2,337.72	935.09	1,402.63
Family NEW ENROLLMENT	3,039.04	935.09	2,103.95
Family Legacy	3,039.04	950.32	2,088.72
Anthem Blue Cross Select HMO	12/1/2025	Cost	Cost
Single	1,336.29	935.09	401.20
Single + 1 NEW ENROLLMENT	2,672.58	935.09	1,737.49
Family NEW ENROLLMENT	3,474.35	935.09	2,539.26
Family Legacy	3,474.35	950.32	2,524.03
Anthem Blue Cross Traditional HMO	12/1/2025	Cost	Cost
Single	1,612.08	935.09	676.99
Single + 1 NEW ENROLLMENT	3,224.16	935.09	2,289.07
Family NEW ENROLLMENT	4,191.41	935.09	3,256.32
Family Legacy	4,191.41	950.32	3,241.09
Blue Shield Access + HMO	12/1/2025	Cost	Cost
Single	1,301.95	935.09	366.86
Single + 1 NEW ENROLLMENT	2,603.90	935.09	1,668.81
Family NEW ENROLLMENT	3,385.07	935.09	2,449.98
Family Legacy	3,385.07	950.32	2,434.75
Blue Shield Trio HMO	12/1/2025	Cost	Cost
Single	1,166.58	935.09	231.49
Single + 1 NEW ENROLLMENT	2,333.16	935.09	1,398.07
Family NEW ENROLLMENT	3,033.11	935.09	2,098.02
Family Legacy	3,033.11	950.32	2,082.79
United HealthCare Signature Alliance HMO	12/1/2025	Cost	Cost
Single	1,290.06	935.09	354.97
Single + 1 NEW ENROLLMENT	2,580.12	935.09	1,645.03
Family NEW ENROLLMENT	3,354.16	935.09	2,419.07
Family Legacy	3,354.16	950.32	2,403.84
United HealthCare Signature Value Harmony	12/1/2025	Cost	Cost
Single	1,133.09	935.09	198.00
Single + 1 NEW ENROLLMENT	2,266.18	935.09	1,331.09
Family NEW ENROLLMENT	2,946.03	935.09	2,010.94
Family Legacy	2,946.03	950.32	1,995.71
Western Health Advantage HMO	12/1/2025	Cost	Cost
Single	969.58	935.09	34.49
Single + 1 NEW ENROLLMENT	1,939.16	935.09	1,004.07
Family NEW ENROLLMENT	2,520.91	935.09	1,585.82
Family Legacy	2,520.91	950.32	1,570.59
PERS Platinum PPO	12/1/2025	Cost	Cost
Single	1,670.14	935.09	735.05
Single + 1 NEW ENROLLMENT	3,340.28	935.09	2,405.19
Family NEW ENROLLMENT	4,342.36	935.09	3,407.27
Family Legacy	4,342.36	950.32	3,392.04
PERS Gold PPO	12/1/2025	Cost	Cost
Single	1,120.58	935.09	185.49
Single + 1 NEW ENROLLMENT	2,241.16	935.09	1,306.07
Family NEW ENROLLMENT	2,913.51	935.09	1,978.42
Family Legacy	2,913.51	950.32	1,963.19
VSP Vision	12/1/2025	Cost	Cost
Vision (same rate for single, single+1, and family)	10.70	10.70	0.00
Delta Dental	12/1/2025	Cost	Cost
Dental (same rate for single, single+1, and family)	108.25	108.25	0.00
Life	12/1/2025	Cost	Cost
Life	2.25	2.25	0.00

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 \$121.77 per month
Not all plans are available in your county of residence. Please check the www.calpers.ca.gov website for availability in your area.
 Family Legacy applies to members who were already enrolled as of 8/30/16.