

**CaPERS HEALTH INSURANCE RATE SHEET**  
**January 1, 2023 - December 31, 2023**

**EMPLOYEE + 1 COVERAGE**      **Annual Cap:**  
**\$11,000**

Hourly Cap:  
 \$114.58

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	PERS Gold	\$1,651.22	\$916.67	\$734.55
7.5	PERS Gold	\$1,651.22	\$859.38	\$791.85
7	PERS Gold	\$1,651.22	\$802.08	\$849.14
6.5	PERS Gold	\$1,651.22	\$744.79	\$906.43
6	PERS Gold	\$1,651.22	\$687.50	\$963.72
5	PERS Gold	\$1,651.22	\$572.92	\$1,078.30
4.5	PERS Gold	\$1,651.22	\$515.63	\$1,135.60
4	PERS Gold	\$1,651.22	\$458.33	\$1,192.89
8	Blue Shield EPO	\$2,070.42	\$916.67	\$1,153.75
7.5	Blue Shield EPO	\$2,070.42	\$859.38	\$1,211.05
7	Blue Shield EPO	\$2,070.42	\$802.08	\$1,268.34
6.5	Blue Shield EPO	\$2,070.42	\$744.79	\$1,325.63
6	Blue Shield EPO	\$2,070.42	\$687.50	\$1,382.92
5	Blue Shield EPO	\$2,070.42	\$572.92	\$1,497.50
4.5	Blue Shield EPO	\$2,070.42	\$515.63	\$1,554.80
4	Blue Shield EPO	\$2,070.42	\$458.33	\$1,612.09
8	PERS Platinum	\$2,400.24	\$916.67	\$1,483.57
7.5	PERS Platinum	\$2,400.24	\$859.38	\$1,540.87
7	PERS Platinum	\$2,400.24	\$802.08	\$1,598.16
6.5	PERS Platinum	\$2,400.24	\$744.79	\$1,655.45
6	PERS Platinum	\$2,400.24	\$687.50	\$1,712.74
5	PERS Platinum	\$2,400.24	\$572.92	\$1,827.32
4.5	PERS Platinum	\$2,400.24	\$515.63	\$1,884.62
4	PERS Platinum	\$2,400.24	\$458.33	\$1,941.91

	Employee Only	Employee + Family
CVT DENTAL	\$84.22	\$84.22
CVT VISION	\$7.28	\$19.20

*Different rates apply to dependents with Medicare coverage; ask if applicable*

**11-month employees who receive a 'summer bucket' check should divide the total annual medical/dental/vision cost by 11 paychecks to determine actual monthly payroll deduction**