

2024 COBRA Rates

CalPERS Health Plans				
Plan Code	Plan Name	2024 Monthly COBRA Premium		
		1 Party	2 Party	3 Party
181	Anthem Blue Cross Select HMO	\$944.08	\$1,888.16	\$2,454.61
180	Anthem Blue Cross Traditional HMO	\$1,221.90	\$2,443.80	\$3,176.93
172	Anthem Blue Cross EPO (Restricted to Del Norte County)	\$1,240.19	\$2,480.37	\$3,224.49
141	Blue Shield Access+	\$910.34	\$1,820.68	\$2,366.88
191	Blue Shield Access+ EPO (Restricted to certain counties)	\$910.34	\$1,820.68	\$2,366.88
471	Blue Shield TRIO	\$826.44	\$1,652.89	\$2,148.75
184	Health Net Salud Y Mas	\$670.10	\$1,340.20	\$1,742.26
056	Kaiser Permanente (CA)	\$983.43	\$1,966.87	\$2,556.93
varies	Kaiser Permanente Out-of-State	\$1,338.70	\$2,677.40	\$3,480.62
434	PERS Platinum (PERS Care and Pers Choice)	\$1,240.19	\$2,480.37	\$3,224.49
437	PERS Gold (PERS Select)	\$876.50	\$1,752.99	\$2,278.89
207	PORAC	\$870.06	\$1,742.16	\$2,264.40
189	Sharp (Restricted to San Diego County)	\$849.90	\$1,699.81	\$2,209.75
187	United Healthcare Alliance HMO	\$900.64	\$1,801.28	\$2,341.67
319	UnitedHealthcare Harmony HMO	\$778.97	\$1,557.95	\$2,025.33
176	Western Health Advantage (Restricted to Bay Area, Sacramento, and other Northern regions)	\$823.37	\$1,646.75	\$2,140.78

CSU 2024 Dental Plans

Delta Dental PPO - Indemnity Plan				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
Delta Basic	4918-2091	Excluded (E99)	Single Person	\$31.06
		CalPERS Annuitants	Two People	\$58.67
		CalSTRS Annuitants	Three or More	\$117.80
Delta Enhanced Level I	4918-3091	Teaching Associates (Unit 11)	Single Person	\$37.78
		English Language Program Instructors (Unit 13)	Two People	\$71.48
			Three or More	\$147.38
Delta Enhanced Level II	4918-4091	Executive (M98)	Single Person Two People Three or More	\$46.77 \$88.25 \$172.41
		Management Personnel Plan (M80)		
		Confidential (C99)		
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
Teamsters (Unit 6)				
Public Safety (Unit 8)				
CMA Operating Engineers (Unit 10)				
FERP Annuitants				

DeltaCare USA (California residents only)				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
DeltaCare USA Basic	72034-0011	Excluded (E99)	Single Person Two People Three or More	\$19.23 \$31.70 \$46.89
		Teaching Associates (Unit 11)		
		English Language Program Instructors (Unit 13)		
		CalPERS Annuitants CalSTRS Annuitants		
DeltaCare USA Enhanced	72034-0012	Executive (M98)	Single Person Two People Three or More	\$25.54 \$42.16 \$62.34
		Management Personnel Plan (M80)		
		Confidential (C99)		
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
		Teamsters (Unit 6)		
		Public Safety (Unit 8)		
		CMA Operating Engineers (Unit 10)		
		FERP Annuitants		

CSU 2024 Vision Plan – Actives and FERPs

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Actives		FERPs
	Basic (Group # 30059426)	Premier (Group # 30077022)	Premier (Group # 30077315)
	Monthly Premium	Monthly Premium	Monthly Premium
One Person	\$7.09	\$11.20	\$11.20
Two People	\$7.09	\$22.40	\$22.40
Three or More	\$7.09	\$36.07	\$36.07

CSU 2024 Voluntary Vision Plan – Retirees

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Retirees	
	Basic (Group # 30059425)	Premier (Group # 30078083)
	Monthly Premium	Monthly Premium
One Person	\$5.20	\$15.09
Two People	\$9.49	\$28.18
Three or More	\$10.17	\$30.23