

## PLAN COSTS FOR 2025 CalPERS Medical Plans Out-of-State Region (Residents Outside of California)\*

PLAN COSTS FOR EMPLOYEES COVERED BY THE SEIU & LIUNA MOU, MANAGEMENT RESOLUTION,  
AND RESIDENT PHYSICIANS & SURGEON, PHARMACY RESIDENT AND PHYSICIAN ASSISTANT  
FELLOWSHIP CLASSIFICATIONS †

	Coverage type	Monthly Premium	Monthly Flexible Benefit Credits and Premium Subsidy **	Employee Monthly Out Of Pocket Cost	Employee Semi-Monthly Out Of Pocket Cost
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>	Emp. only	\$1,422.26	\$926.52	\$495.74	\$247.87
	Emp. + 1	\$2,844.52	\$1,586.00	\$1,258.52	\$629.26
	Emp. + 2 or more	\$3,697.88	\$1,800.00	\$1,897.88	\$948.94
<b>PERS Platinum PPO</b>	Emp. only	\$1,244.56	\$926.52	\$318.04	\$159.02
	Emp. + 1	\$2,489.10	\$1,586.00	\$903.10	\$451.55
	Emp. + 2 or more	\$3,235.84	\$1,800.00	\$1,435.84	\$717.92
<b>PORAC PPO***</b>	Emp. only	\$1,106.00	\$926.52	\$179.48	\$89.74
	Emp. + 1	\$2,246.00	\$1,586.00	\$660.00	\$330.00
	Emp. + 2 or more	\$2,661.00	\$1,800.00	\$861.00	\$430.50

### 2025 PLAN COSTS FOR EMPLOYEES COVERED BY RSA Public Safety †

	Coverage type	Monthly Premium	Monthly Flexible Benefit Credits**	Monthly Premium Subsidy	Employee Monthly Out Of Pocket Cost	Employee Semi-Monthly Out Of Pocket Cost
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>	Emp. only	\$1,422.26	\$940.00	NA	\$482.26	\$241.13
	Emp. + 1	\$2,844.52	\$940.00	\$571.00	\$1,333.52	\$666.76
	Emp. + 2 or more	\$3,697.88	\$940.00	\$571.00	\$2,186.88	\$1,093.44
<b>PERS Platinum PPO</b>	Emp. only	\$1,244.56	\$940.00	NA	\$304.56	\$152.28
	Emp. + 1	\$2,489.10	\$940.00	\$571.00	\$978.10	\$489.05
	Emp. + 2 or more	\$3,235.84	\$940.00	\$571.00	\$1,724.84	\$862.42
<b>PORAC PPO***</b>	Emp. only	\$1,106.00	\$940.00	NA	\$166.00	\$83.00
	Emp. + 1	\$2,246.00	\$940.00	\$571.00	\$735.00	\$367.50
	Emp. + 2 or more	\$2,661.00	\$940.00	\$571.00	\$1,150.00	\$575.00

### 2025 PLAN COSTS FOR EMPLOYEES COVERED BY LEMU †

	Coverage type	Monthly Premium	Monthly Flexible Benefit Credits**	Monthly Premium Subsidy	Employee Monthly Out Of Pocket Cost	Employee Semi-Monthly Out Of Pocket Cost
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>	Emp. only	\$1,422.26	\$959.28	NA	\$462.98	\$231.49
	Emp. + 1	\$2,844.52	\$959.28	\$551.72	\$1,333.52	\$666.76
	Emp. + 2 or more	\$3,697.88	\$959.28	\$551.72	\$2,186.88	\$1,093.44
<b>PERS Platinum PPO</b>	Emp. only	\$1,244.56	\$959.28	NA	\$285.28	\$142.64
	Emp. + 1	\$2,489.10	\$959.28	\$551.72	\$978.10	\$489.05
	Emp. + 2 or more	\$3,235.84	\$959.28	\$551.72	\$1,724.84	\$862.42
<b>PORAC PPO***</b>	Emp. only	\$1,106.00	\$959.28	NA	\$146.72	\$73.36
	Emp. + 1	\$2,246.00	\$959.28	\$551.72	\$735.00	\$367.50
	Emp. + 2 or more	\$2,661.00	\$959.28	\$551.72	\$1,150.00	\$575.00

### 2025 PLAN COSTS FOR EMPLOYEES COVERED BY THE DDAA MOU

	Coverage type	Monthly Premium	Monthly Flexible Benefit Credits**	Monthly Premium Subsidy	Employee Monthly Out Of Pocket Cost	Employee Semi-Monthly Out Of Pocket Cost
<b>Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)</b>	Emp. only	\$1,422.26	\$873.00	NA	\$549.26	\$274.63
	Emp. + 1	\$2,844.52	\$873.00	\$688.00	\$1,283.52	\$641.76
	Emp. + 2 or more	\$3,697.88	\$873.00	\$688.00	\$2,136.88	\$1,068.44
<b>PERS Platinum PPO</b>	Emp. only	\$1,244.56	\$873.00	NA	\$371.56	\$185.78
	Emp. + 1	\$2,489.10	\$873.00	\$688.00	\$928.10	\$464.05
	Emp. + 2 or more	\$3,235.84	\$873.00	\$688.00	\$1,674.84	\$837.42
<b>PORAC PPO***</b>	Emp. only	\$1,106.00	\$873.00	NA	\$233.00	\$116.50
	Emp. + 1	\$2,246.00	\$873.00	\$688.00	\$685.00	\$342.50
	Emp. + 2 or more	\$2,661.00	\$873.00	\$688.00	\$1,100.00	\$550.00

† Remaining Flexible Benefit Credits after medical elections will be applied to dental and vision elections; any unused credits will be forfeited

\*Some rates were rounded to the next even number for even semimonthly premium deductions.

\*\*Flexible benefit credits listed in the above chart are for regular employees working full-time hours

\*\*\* PORAC members only