

Please note: Estimates generated by the Benefits Calculator are for informational purposes to help make informed decisions about benefits. To confirm your eligibility and selections, please contact your departmental personnel office.

SELECT YEAR

Year:¹

2025

BENEFIT OPTIONS

Select **Opt Out** in the drop-down list if you are seeking cash in lieu of benefits.

Select **No Election** in the drop-down list if you do not want to include the cost of a benefit in your final calculation.

[Glossary](#)

Bargaining Unit:²

Unit 1 - Professional, Administrative, Financial

Bargaining Unit:²

Unit 1 - Professional, Administrative, Financial



Health Party Code:

Family

Health Plan:

Anthem HMO Select

Dental Party Code:

Family

Dental Plan:

Delta Care USA

Vision Party Code:

Family

Vision Plan:

VSP Basic

Health Party Code:

Please select a Health Party Code.

Health Plan:

United Health Care Alliance

Dental Party Code:

Family

Dental Plan:

Delta Care USA

Vision Party Code:

Family

Vision Plan:

VSP Basic

Clear Options

Clear Options

Calculate Benefits

BENEFIT RESULTS



**2025 & Unit 1 - Professional, Administrative, Financial, and Staff Services &
No vesting requirements**

Selected Options	Anthem HMO Select & Family Delta Care USA & Family VSP Basic & Family				
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Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$2,656.45	\$2,262.00	\$394.45		\$0.00
Dental	\$44.13	\$44.13	\$0.00		\$0.00
Vision	\$8.10	\$8.10	\$0.00		\$0.00
TOTAL	\$2,708.68	\$2,314.23	\$394.45	\$0.00	\$0.00

Populate Dental Enrollment Form

Populate Vision Enrollment Form



Selected Options	No Options Selected				
	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health					
Dental					
Vision					
TOTAL					

Start Over

1. Select the current year to calculate your current cost of benefits. Select the following year if you are making a change during open enrollment and wish to calculate your cost of benefits beginning January 1.



2. If you are unsure of which bargaining unit you belong to, contact your departmental personnel office. For more information about the bargaining units, visit [Bargaining / Contracts - CalHR](#). The CoBen and Health Contributions for Bargaining Units 1, 3, 4, 11, 14, 15, 17, 20 and 21 (SEIU units) include the \$165 supplemental health benefits contribution. CoBen units will not populate the itemized list, but will populate the total contribution at the bottom of the table. This is because the benefit allowance for



health, dental, and vision for CoBen employees is not itemized. It is a single benefit allowance for their benefits.



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