Rates Effective 01/01/2024
Board of Trustees

Benefit Plan	Blue Shield Acess + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Tradtional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Medical Rebate **	
12 month rate	**$ 797.95**
11 month rate	**$ 870.49**

** BP 9250 - Benefits no greater than those received by non-safety employees with the most generous schedule (CSEA 318)

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
California Schools Employees Association, Unit 318

Benefit Plan	Blue Shield Acess + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Tradtional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	Dental & Vision
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired before 7/1/2024 * **	
12 month rate	**$ 797.95**
11 month rate	**$ 870.49**

Cash In Lieu of Healthcare Benefits for employees hired on (or transferred into the bargaining unit) on or after 7/1/2024 ** **	
12 month rate	**$ 350.00**
11 month rate	**$ 381.82**

**Effective 06/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 06/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2003 50% of the Lowest Medical Plan Rate (Western Health Advantage HMO)
**** Effective 07/01/2024 - Negotiated change to Cash In Lieu of Healthcare Benefits eligibility

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
California Schools Employees Association, Unit 821

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	Dental & Vision
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 12/31/2015 ***	
12 month rate	**$ 590.58**
11 month rate	**$ 644.27**

Cash In Lieu of Healthcare Benefits for employees hired on or after 1/1/2016****	
12 month rate	**$ 250.00**
11 month rate	**$ 272.73**

** Effective 06/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 06/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2018 - Negotiated fixed cap rate of $590.58 per month.
**** Effective 01/01/2018 - Negotiated fixed cap rate of $250.00 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
California Schools Employee Association Unit 885

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	Dental & Vision
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 12/31/2015 ***	
12 month rate	**$ 665.51**
11 month rate	**$ 726.01**

Cash In Lieu of Healthcare Benefits for employees hired on or after 1/1/2016 ****	
12 month rate	**$ 332.75**
11 month rate	**$ 363.00**

** Effective 06/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 06/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2016 - Negotiated fixed cap rate of $665.51 per month.
**** Effective 01/01/2016 - Negotiated fixed cap rate of $332.75 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
Management/Confidential

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	PORAC **** PPO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	$ 2,006.17	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 2,135.67	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,135.67	$ 123.50
Monthly Buy-up (Payroll Deduction)													
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**	**$ -**

Cash In Lieu of Healthcare Benefits * **	
12 month rate	**$ 797.95**
11 month rate	**$ 870.49**

** Effective 02/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 02/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2016 50% of the Lowest Medical Plan Rate (Western Health Advantage HMO)
**** Available to Police MGT only

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
PORAC	**1-800-655-6397**	**website-https://ibtofporac.org/benefits-offered/health-plans/**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
National Union of Healthcare Workers (NUHW)

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	Dental & Vision
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits *	
12 month rate	**$ 797.95**
11 month rate	**$ 870.49**

** Effective 03/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 03/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2016 50% of the Lowest Medical Plan Rate (Western Health Advantage HMO)

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
Operating Engineers Local No. 3, Police Unit

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	PORAC PPO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	$ 2,006.17	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 2,135.67	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,135.67	$ 123.50
Monthly Buy-up (Payroll Deduction)													
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 6/30/2016 * **	
12 month rate	**$ 797.95**

Cash In Lieu of Healthcare Benefits for employees hired on or after 7/1/2016 ** **	
12 month rate	**$ 398.98**

** Effective 03/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 03/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2003 50% of the Lowest Medical Plan Rate (Western Health Advantage HMO)
**** Effective 01/01/2020 25% of the Lowest Medical Plan Rate (Western Health Advantage HMO)

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
PORAC	**1-800-655-6397**	**website-https://ibtofporac.org/benefits-offered/health-plans/**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
Stockton Pupil Personnel Association

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United Healthcare HMO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 06/30/15 * **	
12 month rate	**$ 739.90**
11 month rate	**$ 807.16**

Cash In Lieu of Healthcare Benefits for employees hired on or after 7/1/2015 ** **	
12 month rate	**$ 283.00**
11 month rate	**$ 308.73**

** Effective 03/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 03/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
***Effective 02/13/2019 - Negotiated flat rate of $739.90
**** Effective 01/01/2016 - Negotiated Rate - Fixed cap rate of $283.00 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
Stockton Teachers Association

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 06/30/2015 ***	
12 month rate	**$ 805.38**
11 month rate	**$ 878.60**

Cash In Lieu of Healthcare Benefits for employees hired on or after 7/01/2015 **	
12 month rate	**$ 283.00**
11 month rate	**$ 308.73**

** Effective 02/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
***** Effective 02/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
***** Effective 01/01/2021 40% of the current health benefit allowance amount pursuant to 4.1
**** Effective 07/01/2015 fixed cap rate of $283.00 per month.

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
Stockton Unified Supervisory Unit

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 12/31/2016 ***	
12 month rate	**$ 650.00**
11 month rate	**$ 709.09**

Cash In Lieu of Healthcare Benefits for employees hired on or after 1/1/2017 ****	
12 month rate	**$ 250.00**
11 month rate	**$ 272.73**

** Effective 02/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
*** Effective 02/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
*** Effective 01/01/2017 - Negotiated Rate - Fixed cap rate of $650.00 per month for employees hired on or before 12/31/2016
**** Effective 01/01/2017 - Negotiated Rate - Fixed cap rate of $250.00 per month for employees hired on or after 01/01/2017

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**

Rates Effective 01/01/2024
United Stockton Administrators

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	Medical Rebate
Medical Rate	$ 2,128.92	$ 1,871.91	$ 2,128.92	$ 1,595.90	$ 2,019.34	$ 1,808.61	$ 2,598.33	$ 2,251.54	$ 2,648.60	$ 2,598.32	$ 2,157.18	N/A
Chiro	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	N/A
Vision	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34	$ 12.34
Delta Dental	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16	$ 111.16
Total Monthly Premium	$ 2,258.42	$ 2,001.41	$ 2,258.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,727.83	$ 2,381.04	$ 2,778.10	$ 2,727.82	$ 2,286.68	$ 123.50
Total District Contributions **	$ 2,158.42	$ 2,001.41	$ 2,158.42	$ 1,725.40	$ 2,148.84	$ 1,938.11	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 2,158.42	$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	**$ 100.00**	**$ -**	**$ 100.00**	**$ -**	**$ -**	**$ -**	**$ 569.40**	**$ 222.62**	**$ 619.68**	**$ 569.40**	**$ 128.25**	**$ -**
11 month rate	**$ 109.09**	**$ -**	**$ 109.09**	**$ -**	**$ -**	**$ -**	**$ 621.17**	**$ 242.85**	**$ 676.01**	**$ 621.16**	**$ 139.91**	**$ -**

Cash In Lieu of Healthcare Benefits for employees hired on or before 06/30/2012 * **	
12 month rate	**$ 595.49**
11 month rate	**$ 649.63**

Cash In Lieu of Healthcare Benefits for USA members hired on or after 07/01/2012 ** **	
12 month rate	**$ 297.75**
11 month rate	**$ 324.81**

*** Effective 04/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"
***Effective 01/01/2020 - Negotiated Rate (May 2019) - 30% of the District's adjusted health benefit contribution for employees hired on or befote 06/30/2012
**** Effective 01/01/2020 - Negotiated Rate (May 2019) - 15% of the District's adjusted health benefit contribution for employees hired on or after 07/01/2012

** Effective 04/01/2024 Premium of Blue Shield Access - $100.00, or full cost of Kaiser HMO (whichever is higher)
** Effective January 1, 2020, Health Benefit Contribution (medical, dental, vision, chiro) shall be adjusted anually based on the monthly premium for the least expensive HMO plan (excluding Western Health Advantage) by increasing or decreasing the amount of the District health benefit contribution by no more than $100 a month ($1,200 annually) as compared to the previous year's health benefit contribution amount.
** Effective 01/01/2019 - Negotiared Rate (May 2019).

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	**1-855-839-4524**	**website-www.anthem.com/ca/calpers**
Blue Cross/Anthem/PERS PPO	**1-877-737-7776**	**website-www.anthem.com/ca/calpers**
Blue Shield	**1-800-334-5847**	**website-www.blueshield.com**
Kaiser	**1-800-464-4000**	**website-www.kp.org/calpers**
United Healthcare	**1-877-359-3714**	**website-www.uhc.com**
Western Health Advantage	**1-888-942-7377**	**website-www.westernhealth.com/calpers**
Delta Dental	**1-866-499-3001**	**website-www.deltadentalca.com**
EyeMed Vision	**1-844-409-3401**	**website-www.eyemed.com**
Optum Health Chiropractic	**1-800-428-6337**	**website-www.optum.com**