

Rates Effective 01/01/2025  
Board of Trustees

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	United Healthcare HMO	Dental & Vision
Medical Rate	\$ 2,323.18	\$ 2,252.94	\$ 2,323.18	\$ 1,815.13	\$ 2,209.48	\$ 2,012.54	\$ 2,930.56	\$ 2,494.87	\$ 2,978.80	\$ 2,351.79	N/A
Chiro	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	N/A
Vision	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30	\$ 13.30
Delta Dental	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96	\$ 103.96
Total Monthly Premium	\$ 2,446.76	\$ 2,376.52	\$ 2,446.76	\$ 1,938.71	\$ 2,333.06	\$ 2,136.12	\$ 3,054.14	\$ 2,618.45	\$ 3,102.38	\$ 2,475.37	\$ 117.26
Total District Contributions **	\$ 2,346.76	\$ 2,346.76	\$ 2,346.76	\$ 1,938.71	\$ 2,333.06	\$ 2,136.12	\$ 2,346.76	\$ 2,346.76	\$ 2,346.76	\$ 2,346.76	\$ 117.26
<b>Monthly Buy-up (Payroll Deduction)</b>											
12 month rate	\$ 100.00	\$ 29.76	\$ 100.00	\$ -	\$ -	\$ -	\$ 707.38	\$ 271.69	\$ 755.62	\$ 128.61	\$ -
11 month rate	\$ 109.09	\$ 32.46	\$ 109.09	\$ -	\$ -	\$ -	\$ 771.68	\$ 296.39	\$ 824.31	\$ 140.30	\$ -

Cash In Lieu of Healthcare Benefits for employees hired before 7/1/2024 ***		
12 month rate		\$ 648.64
11 month rate		\$ 697.00

Cash In Lieu of Healthcare Benefits for employees hired on or after 7/1/2024 ****		
12 month rate		\$ 350.00
11 month rate		\$ 350.00

- \*\* BP 9250 - Benefits no greater than those received by non-safety employees with the most generous schedule (CSEA 318)  
 \*\* 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 01/01/2025 - Negotiated fixed cap rate  
 \*\*\*\* Effective 07/01/2024 - Negotiated change to Cash In Lieu of Healthcare Benefits eligibility

The Customer service numbers for the benefit providers are:

Blue Shield HMO/EPO	1-800-334-5847	website-www.blueshield.com/calpers
Included Health - PERS PPOs	1-855-633-4436	website- www.includedhealth.com/calpers
Kaiser	1-800-464-4000	website-www.kp.org/calpers
UnitedHealthcare	1-877-359-3714	website-www.uhc.com/calpers
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