ADMINISTRATION

MONTHLY INSURANCE RATES

2024-2025

		Rates eff 1/1/24-6/30/24			Rates eff 7/1/24-6/30/24 Kaiser New Structure Rates			Rates eff 1/1/2025 Kaiser New Structure Rates		
DESCRIPTION		**Premium**	**Employer Share**	**Employee Share**	**Premium**	**Employer Share**	**Employee Share**	**Premium**	**Employer Share**	**Employee Share**
Anthem HMO Select	single	1138.86	854.15	284.71	1138.86	1021.41	117.45	1256.65	1112.90	143.75
Anthem HMO Select	2-party	2277.72	1708.29	569.43	2277.72	1940.68	337.04	2513.30	2114.51	398.79
Anthem HMO Select	family	2961.04	2220.78	740.26	2961.04	2390.10	570.94	3267.29	2604.19	663.10
Anthem HMO Traditional	single	1339.70	1004.78	334.92	1339.70	1021.41	318.29	1500.40	1112.90	387.50
Anthem HMO Traditional	2-party	2679.40	2009.55	669.85	2679.40	1940.68	738.72	3000.80	2114.51	886.29
Anthem HMO Traditional	family	3483.22	2612.42	870.80	3483.22	2390.10	1093.12	3901.04	2604.19	1296.85
Kaiser HMO	single	1021.41	766.06	255.35	1021.41	1021.41	0.00	1112.90	1112.90	0.00
Kaiser HMO	2-party	2042.82	1532.12	510.70	2042.82	1940.68	102.14	2225.80	2114.51	111.29
Kaiser HMO	family	2655.67	1991.75	663.92	2655.67	2390.10	265.57	2893.54	2604.19	289.35
PERS Platinum PPO*	single	1314.27	985.70	328.57	1314.27	1021.41	292.86	1476.10	1112.90	363.20
PERS Platinum PPO*	2-party	2628.54	1971.41	657.13	2628.54	1940.68	687.86	2952.20	2114.51	837.69
PERS Platinum PPO*	family	3417.10	2562.83	854.27	3417.10	2390.10	1027.00	3837.86	2604.19	1233.67
PERS GOLD PPO*	single	914.82	686.12	228.70	914.82	914.82	0.00	1013.70	1013.70	0.00
PERS GOLD PPO*	2-party	1829.64	1372.23	457.41	1829.64	1829.64	0.00	2027.40	2027.40	0.00
PERS GOLD PPO*	family	2378.53	1783.90	594.63	2378.53	2378.53	0.00	2635.62	2604.19	31.43
UNITED HEALTH CARE (SVA)	single	1091.13	818.35	272.78	1091.13	1021.41	69.72	1184.58	1112.90	71.68
UNITED HEALTH CARE (SVA)	2-party	2182.26	1636.70	545.56	2182.26	1940.68	241.58	2369.16	2114.51	254.65
UNITED HEALTH CARE (SVA)	family	2836.94	2127.71	709.23	2836.94	2390.10	446.84	3079.91	2604.19	475.72
UNITED HEALTH CARE (SVH)	single	937.39	703.04	234.35	937.39	937.39	0.00	1005.02	1005.02	0.00
UNITED HEALTH CARE (SVH)	2-party	1874.78	1406.09	468.69	1874.78	1874.78	0.00	2010.04	2010.04	0.00
UNITED HEALTH CARE (SVH)	family	2437.21	1827.91	609.30	2437.21	2390.10	47.11	2613.05	2604.19	8.86
Blue Shield HMO	single	1076.84	807.63	269.21	1076.84	1021.41	55.43	1170.17	1112.90	57.27
Blue Shield HMO	2-party	2153.68	1615.26	538.42	2153.68	1940.68	213.00	2340.34	2114.51	225.83
Blue Shield HMO	family	2799.78	2099.84	699.94	2799.78	2390.10	409.68	3042.44	2604.19	438.25

DENTAL- District paid unless less than 1.00 FTE	1/1/2024	1/1/2025
Rates	130.95	130.95

VISION - Employee	**1/1/2024 RATES**	**1/1/2025 RATES**
Single	9.09	8.87
2-Party	14.12	13.78
Family	22.40	21.86

Notes:

Rates are based on 1.00 FTE (full time equivalent). For less than 1.00 FTE, contact Lindsay Harris (650) 947-1153 or Leilani Toribio (650) 947-1163