

**(FMA) Management Health Benefits  
JAN 1, 2024 - DEC 31, 2024 Rate Sheet**

<b>CALPERS Monthly Premium - Bay Area Region 1</b>								
	<b>Anthem Select HMO</b>	<b>Anthem Traditional HMO</b>	<b>Kaiser HMO</b>	<b>Pers Platinum PPO</b>	<b>Pers Gold PPO</b>	<b>Blue Shield Access+ HMO</b>	<b>United Health Alliance HMO</b>	<b>United Health Harmony HMO</b>
<b>Employee Only</b>	\$1,138.86	\$1,339.70	\$1,021.41	\$1,314.27	\$914.82	\$1,076.84	\$1,091.13	\$937.39
<b>Employee &amp; 1 Dependent</b>	\$2,277.72	\$2,679.40	\$2,042.82	\$2,628.54	\$1,829.64	\$2,153.68	\$2,182.26	\$1,874.78
<b>Employee &amp; 2+ Dependents (Family)</b>	\$2,961.04	\$3,483.22	\$2,655.67	\$3,417.10	\$2,378.53	\$2,799.78	\$2,836.94	\$2,437.21

<b>Employee's Monthly Contribution (MED + DENT + VIS)</b>								
	<b>Anthem Select HMO</b>	<b>Anthem Traditional HMO</b>	<b>Kaiser HMO</b>	<b>Pers Platinum PPO</b>	<b>Pers Gold PPO</b>	<b>Blue Shield Access HMO</b>	<b>United Health Alliance HMO</b>	<b>United Health Harmony HMO</b>
<b>Employee Only</b>	\$133.60	\$334.44	\$16.15	\$309.01	\$0.00	\$71.58	\$85.87	\$0.00
<b>Employee &amp; 1 Dependent</b>	\$1,272.46	\$1,674.14	\$1,037.56	\$1,623.28	\$824.38	\$1,148.42	\$1,177.00	\$869.52
<b>Employee &amp; 2+ Dependents (Family)</b>	\$1,955.78	\$2,477.96	\$1,650.41	\$2,411.84	\$1,373.27	\$1,794.52	\$1,831.68	\$1,431.95

<b>Employee's Monthly Contribution (MED + DENT, NO VIS)</b>								
	<b>Anthem Select HMO</b>	<b>Anthem Traditional HMO</b>	<b>Kaiser HMO</b>	<b>Pers Platinum PPO</b>	<b>Pers Gold PPO</b>	<b>Blue Shield Access HMO</b>	<b>United Health Alliance HMO</b>	<b>United Health Harmony HMO</b>
<b>Employee Only</b>	\$103.11	\$303.95	\$0.00	\$278.52	\$0.00	\$41.09	\$55.38	\$0.00
<b>Employee &amp; 1 Dependent</b>	\$1,241.97	\$1,643.65	\$1,007.07	\$1,592.79	\$793.89	\$1,117.93	\$1,146.51	\$839.03
<b>Employee &amp; 2+ Dependents (Family)</b>	\$1,925.29	\$2,447.47	\$1,619.92	\$2,381.35	\$1,342.78	\$1,764.03	\$1,801.19	\$1,401.46

<b>Employee's Monthly Contribution (MED + VIS, NO DENT)</b>								
	<b>Anthem Select HMO</b>	<b>Anthem Traditional HMO</b>	<b>Kaiser HMO</b>	<b>Pers Platinum PPO</b>	<b>Pers Gold PPO</b>	<b>Blue Shield Access HMO</b>	<b>United Health Alliance HMO</b>	<b>United Health Harmony HMO</b>
<b>Employee Only</b>	\$12.03	\$212.87	\$0.00	\$187.44	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employee &amp; 1 Dependent</b>	\$1,150.89	\$1,552.57	\$915.99	\$1,501.71	\$702.81	\$1,026.85	\$1,055.43	\$747.95
<b>Employee &amp; 2+ Dependents (Family)</b>	\$1,834.21	\$2,356.39	\$1,528.84	\$2,290.27	\$1,251.70	\$1,672.95	\$1,710.11	\$1,310.38

<b>Employee's Monthly Contribution (MED ONLY)</b>								
	<b>Anthem Select HMO</b>	<b>Anthem Traditional HMO</b>	<b>Kaiser HMO</b>	<b>Pers Platinum PPO</b>	<b>Pers Gold PPO</b>	<b>Blue Shield Access HMO</b>	<b>United Health Alliance HMO</b>	<b>United Health Harmony HMO</b>
<b>Employee Only</b>	\$0.00	\$182.38	\$0.00	\$156.95	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employee &amp; 1 Dependent</b>	\$1,120.40	\$1,522.08	\$885.50	\$1,471.22	\$672.32	\$996.36	\$1,024.94	\$717.46
<b>Employee &amp; 2+ Dependents (Family)</b>	\$1,803.72	\$2,325.90	\$1,498.35	\$2,259.78	\$1,221.21	\$1,642.46	\$1,679.62	\$1,279.89

- \* District pays \$1,157.32 CAP per month towards employee's medical, dental and vision premiums.
- If employee declines medical benefit, District will contribute \$1,157.32 per month towards employee's
- \* Health Reimbursement Arrangement (HRA) Account through MidAmerica, less the cost of any Dental and/or Vision premiums.
- \* 11-month Management employee portion for medical, dental & vision will double deduct on Jun to cover the July employee cost.