

2024 MONTHLY MEDICAL CONTRIBUTION RATES

REGION 1

See footer for Counties served

Effective: January 1, 2024 - December 31, 2024			AFT (Part-Time)	
Plan Name	Coverage Level	Full Premium	Portion Paid by District	Employee Out of Pocket
HMO PLANS				
Anthem Blue Cross Select HMO	Employee Only	\$ 1,138.86	\$ 1,021.41	\$ 117.45
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 2,277.72	\$ 1,797.68	\$ 480.04
	Employee + 2 or more	\$ 2,961.04	\$ 2,336.99	\$ 624.05
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,339.70	\$ 1,021.41	\$ 318.29
	Employee + 1	\$ 2,679.40	\$ 1,797.68	\$ 881.72
	Employee + 2 or more	\$ 3,483.22	\$ 2,336.99	\$ 1146.23
Blue Shield Access+	Employee Only	\$ 1,076.84	\$ 1,021.41	\$ 55.43
	Employee + 1	\$ 2,153.68	\$ 1,797.68	\$ 356.00
	Employee + 2 or more	\$ 2,799.78	\$ 2,336.99	\$ 462.79
Blue Shield Trio HMO	Employee Only	\$ 946.84	\$ 946.84	\$ 0.00
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,893.68	\$ 1,797.68	\$ 96.00
	Employee + 2 or more	\$ 2,461.78	\$ 2,336.99	\$ 124.79
Kaiser Permanente	Employee Only	\$ 1,021.41	\$ 1,021.41	\$ 0.00
	Employee + 1	\$ 2,042.82	\$ 1,797.68	\$ 245.14
	Employee + 2 or more	\$ 2,655.67	\$ 2,336.99	\$ 318.68
United Healthcare Signature Value Alliance	Employee Only	\$ 1,091.13	\$ 1,021.41	\$ 69.72
	Employee + 1	\$ 2,182.26	\$ 1,797.68	\$ 384.58
	Employee + 2 or more	\$ 2,836.94	\$ 2,336.99	\$ 499.95
United Healthcare Signature Value Harmony	Employee Only	\$ 937.39	\$ 937.39	\$ 0.00
<i>Not available in San Mateo County</i>	Employee + 1	\$ 1,874.78	\$ 1,797.68	\$ 77.10
<i>Limited Counties: Santa Clara, Santa Cruz</i>	Employee + 2 or more	\$ 2,437.21	\$ 2,336.99	\$ 100.22
Western Health Advantage HMO	Employee Only	\$ 807.23	\$ 807.23	\$ 0.00
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,614.46	\$ 1,614.46	\$ 0.00
	Employee + 2 or more	\$ 2,098.80	\$ 2,098.80	\$ 0.00
PPO PLANS				
Anthem Blue Cross Del Norte County EPO	Employee Only	\$ 1,314.27	\$ 1,021.41	\$ 292.86
	Employee + 1	\$ 2,628.54	\$ 1,797.68	\$ 830.86
	Employee + 2 or more	\$ 3,417.10	\$ 2,336.99	\$ 1080.11
Anthem Blue Cross PERS GOLD PPO	Employee Only	\$ 914.82	\$ 914.82	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,829.64	\$ 1,797.68	\$ 31.96
	Employee + 2 or more	\$ 2,378.53	\$ 2,336.99	\$ 41.54
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 1,314.27	\$ 1,021.41	\$ 292.86
<i>90/10 Plan</i>	Employee + 1	\$ 2,628.54	\$ 1,797.68	\$ 830.86
	Employee + 2 or more	\$ 3,417.10	\$ 2,336.99	\$ 1080.11

Region 1 Serves Counties:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc,

Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba