

El Dorado Union High School District

CLASSIFIED - (12 Monthly Paychecks)

MEDICAL INSURANCE RATES 01/01/2024 - 12/31/2024

Based on 12 Checks per year and full-time status (8 hours/day)



Classified
District Paid Cap \$807.22/ Month **

MEDICAL INSURANCE PLANS: CalPERS Available Plans	3 Tier Plan		
	Emp. Only	Emp. + One	Emp. + Family
	Total Cost	Total Cost	Total Cost
Anthem Blue Cross Select (HMO)	\$1,138.86	\$2,277.72	\$2,961.04
Anthem Blue Cross Traditional (HMO)	\$1,339.70	\$2,679.40	\$3,483.22
Blue Shield Access+ (HMO)	\$1,076.84	\$2,153.68	\$2,799.78
Blue Shield Trio (HMO)	\$946.84	\$1,893.68	\$2,461.78
Kaiser (HMO)	\$1,021.41	\$2,042.82	\$2,655.67
PERS Gold (PPO)	\$914.82	\$1,829.64	\$2,378.53
PERS Platinum (PPO)	\$1,314.27	\$2,628.54	\$3,417.10
United HealthCare Alliance (HMO)	\$1,091.13	\$2,182.26	\$2,836.94
United HealthCare Harmony (HMO)	\$937.39	\$1,874.78	\$2,437.21
Western Health Advantage (HMO)	\$807.23	\$1,614.46	\$2,098.80
Dental and Vision Coverage from 10/01/2023 - 09/30/2024			
Dental - Delta Dental - Basic Incentive	\$106.96	\$106.96	\$106.96
Dental - Delta Dental - PPO 70/30	\$59.30	\$59.30	\$59.30
Vision - VSP	\$22.08	\$22.08	\$22.08

****Part time employees working 4 or more hours but less than 8 hours per day are eligible for twelve (12) months of insurance coverage and a pro-rated portion of the District Paid Cap based their FTE.**

**In addition to the monthly premium, all CalPERS Medical Plans include a PEMCHA Administration fee of 0.32% of the monthly premium. (Example: PERS Gold Single - 914.82*0.32% = \$2.93)
This fee is deducted from the District Paid Cap.**