



2024-2025 Full - Time Employees Health Rates

Plan Description	12 Mo Rate	COBRA rate	Tenthly Rate	District Pays	Employee Pays
<b>Anthem 90%-G PPO (Full Network)</b>					
Single	\$891.00	\$908.82	\$1,069.20	\$985.20	\$84.00
Two-Party	\$1,785.00	\$1,820.70	\$2,142.00	\$1,966.80	\$175.20
Family	\$2,328.00	\$2,374.56	\$2,793.60	\$2,564.40	\$229.20
<b>Anthem 80%-G PPO (Full Network)</b>					
Single	\$821.00	\$837.42	\$985.20	\$985.20	\$0.00
Two-Party	\$1,639.00	\$1,671.78	\$1,966.80	\$1,966.80	\$0.00
Family	\$2,137.00	\$2,179.74	\$2,564.40	\$2,564.40	\$0.00
<b>Anthem 80%-G PPO (Select Network)</b>					
Single	\$788.00	\$803.76	\$945.60	\$945.60	\$0.00
Two-Party	\$1,572.00	\$1,603.44	\$1,886.40	\$1,886.40	\$0.00
Family	\$2,049.00	\$2,089.98	\$2,458.80	\$2,458.80	\$0.00
<b>Anthem HMO Premier 10 (Full Network)</b>					
Single	\$798.00	\$813.96	\$957.60	\$957.60	\$0.00
Two-Party	\$1,592.00	\$1,623.84	\$1,910.40	\$1,910.40	\$0.00
Family	\$2,075.00	\$2,116.50	\$2,490.00	\$2,490.00	\$0.00
<b>Anthem HMO Premier 10 (Select Network)</b>					
Single	\$766.00	\$781.32	\$919.20	\$919.20	\$0.00
Two-Party	\$1,527.00	\$1,557.54	\$1,832.40	\$1,832.40	\$0.00
Family	\$1,990.00	\$2,029.80	\$2,388.00	\$2,388.00	\$0.00
<b>Kaiser Permanente HMO</b>					
Single	\$809.00	\$825.18	\$970.80	\$970.80	\$0.00
Two-Party	\$1,617.00	\$1,649.34	\$1,940.40	\$1,940.40	\$0.00
Family	\$2,102.00	\$2,144.04	\$2,522.40	\$2,522.40	\$0.00
<b>Kaiser Permanente HMO (\$1000 - Deductible)</b>					
Single	\$721.00	\$735.42	\$865.20	\$865.20	\$0.00
Two-Party	\$1,443.00	\$1,471.86	\$1,731.60	\$1,731.60	\$0.00
Family	\$1,876.00	\$1,913.52	\$2,251.20	\$2,251.20	\$0.00
<b>Delta Dental Premier PPO</b>					
SINGLE	\$55.38	\$56.49	\$66.46	\$66.46	\$0.00
TWO PARTY	\$109.88	\$112.08	\$131.86	\$131.86	\$0.00
FAMILY	\$140.64	\$143.45	\$168.77	\$168.77	\$0.00
<b>Delta Cares Dental HMO</b>					
SINGLE	\$28.08	\$28.64	\$33.70	\$33.70	\$0.00
TWO PARTY	\$46.48	\$47.41	\$55.78	\$55.78	\$0.00
FAMILY	\$68.42	\$69.79	\$82.10	\$82.10	\$0.00
<b>UnitedHealthcare Vision</b>					
SINGLE	\$8.02	\$8.18	\$9.62	\$9.62	\$0.00
TWO PARTY	\$13.29	\$13.56	\$15.95	\$9.62	\$6.33
FAMILY	\$19.85	\$20.25	\$23.82	\$9.62	\$14.20
<b>Vision Service Plan (VSP)</b>					
SINGLE	\$8.23	\$8.39	\$9.88	\$9.88	\$0.00
TWO PARTY	\$17.17	\$17.51	\$20.60	\$9.88	\$10.72
FAMILY	\$24.64	\$25.13	\$29.57	\$9.88	\$19.69

CERTIFICATED/MANAGEMENT STAFF PAY FULL TEN MONTH RATE FOR VISION COVERAGE