

El Dorado Union High School District

CLASSIFIED - (10 Monthly Paychecks)

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

Based on 10 Checks per year and full-time status (8 hours/day)



Classified
District Paid Cap \$968.67/ Month **

3 Tier Plan			
MEDICAL INSURANCE PLANS: CalPERS Available Plans	Emp. Only	Emp. + One	Emp. + Family
	Total Cost	Total Cost	Total Cost
Anthem Blue Cross Select (HMO)	\$1,366.63	\$2,733.26	\$3,553.25
Anthem Blue Cross Traditional (HMO)	\$1,607.64	\$3,215.28	\$4,179.86
Blue Shield Access+ (HMO)	\$1,292.21	\$2,584.42	\$3,359.74
Blue Shield Trio (HMO)	\$1,136.21	\$2,272.42	\$2,654.14
Kaiser (HMO)	\$1,225.69	\$2,451.38	\$3,186.80
PERS Gold (PPO)	\$1,097.78	\$2,195.57	\$2,854.24
PERS Platinum (PPO)	\$1,577.12	\$3,154.25	\$4,100.52
United HealthCare Alliance (HMO)	\$1,309.36	\$2,618.71	\$3,404.33
United HealthCare Harmony (HMO)	\$1,124.87	\$2,249.74	\$2,924.65
Western Health Advantage (HMO)	\$968.68	\$1,937.35	\$2,518.56
Dental and Vision Coverage from 10/01/2023 - 09/30/2024			
Dental - Delta Dental - Basic Incentive	\$128.35	\$128.35	\$128.35
Dental - Delta Dental - PPO 70/30	\$71.16	\$71.16	\$71.16
Vision - VSP	\$26.50	\$26.50	\$26.50

****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.