



Out of State

Effective: January 1, 2024 - December 31, 2024			ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES		AFT (Full-Time Faculty)		
Plan Name	Coverage Level	Full Premium	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	-	Out of Pocket for Jan-May or Feb-Jun
HMO PLANS																	
Kaiser Permanente Out of State	Employee Only	\$ 1,312.45	\$ 1,021.41	\$ 291.04	\$ 1,021.41	\$ 291.04	\$ 1,021.41	\$ 291.04	\$ 1,021.41	\$ 291.04	\$ 1,021.41	\$ 291.04	\$ 789.00	\$ 523.45	\$ 1,021.41	\$ 291.04	\$ 407.46
	Employee + 1	\$ 2,624.90	\$ 1,790.34	\$ 834.56	\$ 1,825.34	\$ 799.56	\$ 1,825.34	\$ 799.56	\$ 1,825.34	\$ 799.56	\$ 1,825.34	\$ 799.56	\$ 1,312.00	\$ 1,312.90	\$ 1,797.68	\$ 827.22	\$ 1,158.11
	Employee + 2 or more	\$ 3,412.37	\$ 2,365.95	\$ 1,046.42	\$ 2,365.95	\$ 1,046.42	\$ 2,365.95	\$ 1,046.42	\$ 2,365.95	\$ 1,046.42	\$ 2,365.95	\$ 1,046.42	\$ 1,717.00	\$ 1,695.37	\$ 2,336.99	\$ 1,075.38	\$ 1,505.53
PPO PLANS																	
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 1,146.86	\$ 1,021.41	\$ 125.45	\$ 1,021.41	\$ 125.45	\$ 1,021.41	\$ 125.45	\$ 1,021.41	\$ 125.45	\$ 1,021.41	\$ 125.45	\$ 789.00	\$ 357.86	\$ 1,021.41	\$ 125.45	\$175.63
90/10 Plan	Employee + 1	\$ 2,293.72	\$ 1,790.34	\$ 503.38	\$ 1,825.34	\$ 468.38	\$ 1,825.34	\$ 468.38	\$ 1,825.34	\$ 468.38	\$ 1,825.34	\$ 468.38	\$ 1,312.00	\$ 981.72	\$ 1,797.68	\$ 496.04	\$694.46
	Employee + 2 or more	\$ 2,981.84	\$ 2,365.95	5 \$ 615.89	\$ 2,365.95	\$ 615.89	\$ 2,365.95	\$ 615.89	\$ 2,365.95	\$ 615.89	\$ 2,365.95	\$ 615.89	\$ 1,717.00	\$ 1,264.84	\$ 2,336.99	\$ 644.85	\$902.79