



Cañada College • College of San Mateo • Skyline College

2024 MONTHLY MEDICAL CONTRIBUTION RATES

REGION 1

See footer for Counties served

Effective: January 1, 2024 - December 31, 2024			ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES	
Plan Name	Coverage Level	Full Premium	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket
HMO PLANS														
Anthem Blue Cross Select HMO <i>Limited Counties, Not available in San Mateo County</i>	Employee Only	\$ 1,138.86	\$ 1,021.41	\$ 117.45	\$ 1,021.41	\$ 117.45	\$ 1,021.41	\$ 117.45	\$ 1,021.41	\$ 117.45	\$ 1,021.41	\$ 117.45	\$ 789.00	\$ 349.86
	Employee + 1	\$ 2,277.72	\$ 1,790.34	\$ 487.38	\$ 1,825.34	\$ 452.38	\$ 1,825.34	\$ 452.38	\$ 1,825.34	\$ 452.38	\$ 1,825.34	\$ 452.38	\$ 1,312.00	\$ 965.72
	Employee + 2 or more	\$ 2,961.04	\$ 2,365.95	\$ 595.09	\$ 2,365.95	\$ 595.09	\$ 2,365.95	\$ 595.09	\$ 2,365.95	\$ 595.09	\$ 2,365.95	\$ 595.09	\$ 1,717.00	\$ 1244.04
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,339.70	\$ 1,021.41	\$ 318.29	\$ 1,021.41	\$ 318.29	\$ 1,021.41	\$ 318.29	\$ 1,021.41	\$ 318.29	\$ 1,021.41	\$ 318.29	\$ 789.00	\$ 550.70
	Employee + 1	\$ 2,679.40	\$ 1,790.34	\$ 889.06	\$ 1,825.34	\$ 854.06	\$ 1,825.34	\$ 854.06	\$ 1,825.34	\$ 854.06	\$ 1,825.34	\$ 854.06	\$ 1,312.00	\$ 1367.40
	Employee + 2 or more	\$ 3,483.22	\$ 2,365.95	\$ 1117.27	\$ 2,365.95	\$ 1117.27	\$ 2,365.95	\$ 1117.27	\$ 2,365.95	\$ 1117.27	\$ 2,365.95	\$ 1117.27	\$ 1,717.00	\$ 1766.22
Blue Shield Access+	Employee Only	\$ 1,076.84	\$ 1,021.41	\$ 55.43	\$ 1,021.41	\$ 55.43	\$ 1,021.41	\$ 55.43	\$ 1,021.41	\$ 55.43	\$ 1,021.41	\$ 55.43	\$ 789.00	\$ 287.84
	Employee + 1	\$ 2,153.68	\$ 1,790.34	\$ 363.34	\$ 1,825.34	\$ 328.34	\$ 1,825.34	\$ 328.34	\$ 1,825.34	\$ 328.34	\$ 1,825.34	\$ 328.34	\$ 1,312.00	\$ 841.68
	Employee + 2 or more	\$ 2,799.78	\$ 2,365.95	\$ 433.83	\$ 2,365.95	\$ 433.83	\$ 2,365.95	\$ 433.83	\$ 2,365.95	\$ 433.83	\$ 2,365.95	\$ 433.83	\$ 1,717.00	\$ 1082.78
Blue Shield Trio HMO <i>Limited Counties, Not available in San Mateo County</i>	Employee Only	\$ 946.84	\$ 946.84	\$ 0.00	\$ 946.84	\$ 0.00	\$ 946.84	\$ 0.00	\$ 946.84	\$ 0.00	\$ 946.84	\$ 0.00	\$ 789.00	\$ 157.84
	Employee + 1	\$ 1,893.68	\$ 1,790.34	\$ 103.34	\$ 1,825.34	\$ 68.34	\$ 1,825.34	\$ 68.34	\$ 1,825.34	\$ 68.34	\$ 1,825.34	\$ 68.34	\$ 1,312.00	\$ 581.68
	Employee + 2 or more	\$ 2,461.78	\$ 2,365.95	\$ 95.83	\$ 2,365.95	\$ 95.83	\$ 2,365.95	\$ 95.83	\$ 2,365.95	\$ 95.83	\$ 2,365.95	\$ 95.83	\$ 1,717.00	\$ 744.78
Kaiser Permanente	Employee Only	\$ 1,021.41	\$ 1,021.41	\$ 0.00	\$ 1,021.41	\$ 0.00	\$ 1,021.41	\$ 0.00	\$ 1,021.41	\$ 0.00	\$ 1,021.41	\$ 0.00	\$ 789.00	\$ 232.41
	Employee + 1	\$ 2,042.82	\$ 1,790.34	\$ 252.48	\$ 1,825.34	\$ 217.48	\$ 1,825.34	\$ 217.48	\$ 1,825.34	\$ 217.48	\$ 1,825.34	\$ 217.48	\$ 1,312.00	\$ 730.82
	Employee + 2 or more	\$ 2,655.67	\$ 2,365.95	\$ 289.72	\$ 2,365.95	\$ 289.72	\$ 2,365.95	\$ 289.72	\$ 2,365.95	\$ 289.72	\$ 2,365.95	\$ 289.72	\$ 1,717.00	\$ 938.67
United Healthcare Signature Value Alliance	Employee Only	\$ 1,091.13	\$ 1,021.41	\$ 69.72	\$ 1,021.41	\$ 69.72	\$ 1,021.41	\$ 69.72	\$ 1,021.41	\$ 69.72	\$ 1,021.41	\$ 69.72	\$ 789.00	\$ 302.13
	Employee + 1	\$ 2,182.26	\$ 1,790.34	\$ 391.92	\$ 1,825.34	\$ 356.92	\$ 1,825.34	\$ 356.92	\$ 1,825.34	\$ 356.92	\$ 1,825.34	\$ 356.92	\$ 1,312.00	\$ 870.26
	Employee + 2 or more	\$ 2,836.94	\$ 2,365.95	\$ 470.99	\$ 2,365.95	\$ 470.99	\$ 2,365.95	\$ 470.99	\$ 2,365.95	\$ 470.99	\$ 2,365.95	\$ 470.99	\$ 1,717.00	\$ 1119.94
United Healthcare Signature Value Harmony <i>Not available in San Mateo County</i> <i>Limited Counties: Santa Clara, Santa Cruz</i>	Employee Only	\$ 937.39	\$ 937.39	\$ 0.00	\$ 937.39	\$ 0.00	\$ 937.39	\$ 0.00	\$ 937.39	\$ 0.00	\$ 937.39	\$ 0.00	\$ 789.00	\$ 148.39
	Employee + 1	\$ 1,874.78	\$ 1,790.34	\$ 84.44	\$ 1,825.34	\$ 49.44	\$ 1,825.34	\$ 49.44	\$ 1,825.34	\$ 49.44	\$ 1,825.34	\$ 49.44	\$ 1,312.00	\$ 562.78
	Employee + 2 or more	\$ 2,437.21	\$ 2,365.95	\$ 71.26	\$ 2,365.95	\$ 71.26	\$ 2,365.95	\$ 71.26	\$ 2,365.95	\$ 71.26	\$ 2,365.95	\$ 71.26	\$ 1,717.00	\$ 720.21
Western Health Advantage HMO <i>Limited Counties, Not available in San Mateo County</i>	Employee Only	\$ 807.23	\$ 807.23	\$ 0.00	\$ 807.23	\$ 0.00	\$ 807.23	\$ 0.00	\$ 807.23	\$ 0.00	\$ 807.23	\$ 0.00	\$ 789.00	\$ 18.23
	Employee + 1	\$ 1,614.46	\$ 1,614.46	\$ 0.00	\$ 1,614.46	\$ 0.00	\$ 1,614.46	\$ 0.00	\$ 1,614.46	\$ 0.00	\$ 1,614.46	\$ 0.00	\$ 1,312.00	\$ 302.46
	Employee + 2 or more	\$ 2,098.80	\$ 2,098.80	\$ 0.00	\$ 2,098.80	\$ 0.00	\$ 2,098.80	\$ 0.00	\$ 2,098.80	\$ 0.00	\$ 2,098.80	\$ 0.00	\$ 1,717.00	\$ 381.80
PPO PLANS														
Anthem Blue Cross Del Norte County EPO	Employee Only	\$ 1,314.27	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 789.00	\$ 525.27
	Employee + 1	\$ 2,628.54	\$ 1,790.34	\$ 838.20	\$ 1,825.34	\$ 803.20	\$ 1,825.34	\$ 803.20	\$ 1,825.34	\$ 803.20	\$ 1,825.34	\$ 803.20	\$ 1,312.00	\$ 1316.54
	Employee + 2 or more	\$ 3,417.10	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 1,717.00	\$ 1700.10
Anthem Blue Cross PERS GOLD PPO <i>80/20 Plan, Limited Network</i>	Employee Only	\$ 914.82	\$ 914.82	\$ 0.00	\$ 914.82	\$ 0.00	\$ 914.82	\$ 0.00	\$ 914.82	\$ 0.00	\$ 914.82	\$ 0.00	\$ 789.00	\$ 125.82
	Employee + 1	\$ 1,829.64	\$ 1,790.34	\$ 39.30	\$ 1,825.34	\$ 4.30	\$ 1,825.34	\$ 4.30	\$ 1,825.34	\$ 4.30	\$ 1,825.34	\$ 4.30	\$ 1,312.00	\$ 517.64
	Employee + 2 or more	\$ 2,378.53	\$ 2,365.95	\$ 12.58	\$ 2,365.95	\$ 12.58	\$ 2,365.95	\$ 12.58	\$ 2,365.95	\$ 12.58	\$ 2,365.95	\$ 12.58	\$ 1,717.00	\$ 661.53
Anthem Blue Cross PERS PLATINUM PPO <i>90/10 Plan</i>	Employee Only	\$ 1,314.27	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 1,021.41	\$ 292.86	\$ 789.00	\$ 525.27
	Employee + 1	\$ 2,628.54	\$ 1,790.34	\$ 838.20	\$ 1,825.34	\$ 803.20	\$ 1,825.34	\$ 803.20	\$ 1,825.34	\$ 803.20	\$ 1,825.34	\$ 803.20	\$ 1,312.00	\$ 1316.54
	Employee + 2 or more	\$ 3,417.10	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 2,365.95	\$ 1051.15	\$ 1,717.00	\$ 1700.10

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

2024 MONTHLY MEDICAL CONTRIBUTION RATES

REGION 1

See footer for Counties served

Effective: January 1, 2024 - December 31, 2024			AFT (Full-Time Faculty)		
Plan Name	Coverage Level	Full Premium	Portion Paid by District	Out of Pocket Aug-Dec or Sep-Dec	Out of Pocket for Jan-May or Feb-Jun
HMO PLANS					
Anthem Blue Cross Select HMO	Employee Only	\$ 1,138.86	\$ 1,021.41	\$ 117.45	\$ 164.43
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 2,277.72	\$ 1,797.68	\$ 480.04	\$ 672.06
	Employee + 2 or more	\$ 2,961.04	\$ 2,336.99	\$ 624.05	\$ 873.67
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,339.70	\$ 1,021.41	\$ 318.29	\$ 445.61
	Employee + 1	\$ 2,679.40	\$ 1,797.68	\$ 881.72	\$ 1234.41
	Employee + 2 or more	\$ 3,483.22	\$ 2,336.99	\$ 1146.23	\$ 1604.72
Blue Shield Access+	Employee Only	\$ 1,076.84	\$ 1,021.41	\$ 55.43	\$ 77.60
	Employee + 1	\$ 2,153.68	\$ 1,797.68	\$ 356.00	\$ 498.40
	Employee + 2 or more	\$ 2,799.78	\$ 2,336.99	\$ 462.79	\$ 647.91
Blue Shield Trio HMO	Employee Only	\$ 946.84	\$ 946.84	\$ 0.00	\$ 0.00
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,893.68	\$ 1,797.68	\$ 96.00	\$ 134.40
	Employee + 2 or more	\$ 2,461.78	\$ 2,336.99	\$ 124.79	\$ 174.71
Kaiser Permanente	Employee Only	\$ 1,021.41	\$ 1,021.41	\$ 0.00	\$ 0.00
	Employee + 1	\$ 2,042.82	\$ 1,797.68	\$ 245.14	\$ 343.20
	Employee + 2 or more	\$ 2,655.67	\$ 2,336.99	\$ 318.68	\$ 446.15
United Healthcare Signature Value Alliance	Employee Only	\$ 1,091.13	\$ 1,021.41	\$ 69.72	\$ 97.61
	Employee + 1	\$ 2,182.26	\$ 1,797.68	\$ 384.58	\$ 538.41
	Employee + 2 or more	\$ 2,836.94	\$ 2,336.99	\$ 499.95	\$ 699.93
United Healthcare Signature Value Harmony	Employee Only	\$ 937.39	\$ 937.39	\$ 0.00	\$ 0.00
<i>Not available in San Mateo County</i>	Employee + 1	\$ 1,874.78	\$ 1,797.68	\$ 77.10	\$ 107.94
<i>Limited Counties: Santa Clara, Santa Cruz</i>	Employee + 2 or more	\$ 2,437.21	\$ 2,336.99	\$ 100.22	\$ 140.31
Western Health Advantage HMO	Employee Only	\$ 807.23	\$ 807.23	\$ 0.00	\$ 0.00
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,614.46	\$ 1,614.46	\$ 0.00	\$ 0.00
	Employee + 2 or more	\$ 2,098.80	\$ 2,098.80	\$ 0.00	\$ 0.00
PPO PLANS					
Anthem Blue Cross Del Norte County EPO	Employee Only	\$ 1,314.27	\$ 1,021.41	\$ 292.86	\$ 410.00
	Employee + 1	\$ 2,628.54	\$ 1,797.68	\$ 830.86	\$ 1163.20
	Employee + 2 or more	\$ 3,417.10	\$ 2,336.99	\$ 1080.11	\$ 1512.15
Anthem Blue Cross PERS GOLD PPO	Employee Only	\$ 914.82	\$ 914.82	\$ 0.00	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,829.64	\$ 1,797.68	\$ 31.96	\$ 44.74
	Employee + 2 or more	\$ 2,378.53	\$ 2,336.99	\$ 41.54	\$ 58.16
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 1,314.27	\$ 1,021.41	\$ 292.86	\$ 410.00
<i>90/10 Plan</i>	Employee + 1	\$ 2,628.54	\$ 1,797.68	\$ 830.86	\$ 1163.20
	Employee + 2 or more	\$ 3,417.10	\$ 2,336.99	\$ 1080.11	\$ 1512.15

Region 1 Serves Counties:

*Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, San*