

2024 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

REGION 2

(Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura)

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	District Share	Employee Out of Pocket	District Share	Employee Out of Pocket	District Share	Employee Out of Pocket	District Share	Employee Out of Pocket	District Share	Employee Out of Pocket	District Share	Employee Out of Pocket
HMO PLANS														
Anthem Blue Cross Select HMO <i>Limited Network</i>	Employee Only	\$ 807.71	\$ 807.71	\$ 0.00	\$ 807.71	\$ 0.00	\$ 807.71	\$ 0.00	\$ 807.71	\$ 0.00	\$ 1,021.41	\$ 0.00	\$ 789.00	\$ 18.71
	Employee + 1	\$ 1,615.42	\$ 1,615.42	\$ 0.00	\$ 1,615.42	\$ 0.00	\$ 1,615.42	\$ 0.00	\$ 1,615.42	\$ 0.00	\$ 1,825.34	\$ 0.00	\$ 1,312.00	\$ 303.42
	Employee + 2 or more	\$ 2,100.05	\$ 2,100.05	\$ 0.00	\$ 2,100.05	\$ 0.00	\$ 2,100.05	\$ 0.00	\$ 2,100.05	\$ 0.00	\$ 2,365.95	\$ 0.00	\$ 1,717.00	\$ 383.05
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,034.38	\$ 1,021.41	\$ 12.97	\$ 1,021.41	\$ 12.97	\$ 1,021.41	\$ 12.97	\$ 1,021.41	\$ 12.97	\$ 1,021.41	\$ 12.97	\$ 789.00	\$ 245.38
	Employee + 1	\$ 2,068.76	\$ 1,790.34	\$ 278.42	\$ 1,825.34	\$ 243.42	\$ 1,825.34	\$ 243.42	\$ 1,825.34	\$ 243.42	\$ 1,825.34	\$ 243.42	\$ 1,312.00	\$ 756.76
	Employee + 2 or more	\$ 2,689.39	\$ 2,365.95	\$ 323.44	\$ 2,365.95	\$ 323.44	\$ 2,365.95	\$ 323.44	\$ 2,365.95	\$ 323.44	\$ 2,365.95	\$ 323.44	\$ 1,717.00	\$ 972.39
Blue Shield Access+ HMO & EPO	Employee Only	\$ 869.14	\$ 869.14	\$ 0.00	\$ 869.14	\$ 0.00	\$ 869.14	\$ 0.00	\$ 869.14	\$ 0.00	\$ 869.14	\$ 0.00	\$ 789.00	\$ 80.14
	Employee + 1	\$ 1,738.28	\$ 1,738.28	\$ 0.00	\$ 1,738.28	\$ 0.00	\$ 1,738.28	\$ 0.00	\$ 1,738.28	\$ 0.00	\$ 1,738.28	\$ 0.00	\$ 1,312.00	\$ 426.28
	Employee + 2 or more	\$ 2,259.76	\$ 2,259.76	\$ 0.00	\$ 2,259.76	\$ 0.00	\$ 2,259.76	\$ 0.00	\$ 2,259.76	\$ 0.00	\$ 2,259.76	\$ 0.00	\$ 1,717.00	\$ 542.76
Blue Shield Trio HMO <i>Limited Network</i>	Employee Only	\$ 810.24	\$ 810.24	\$ 0.00	\$ 810.24	\$ 0.00	\$ 810.24	\$ 0.00	\$ 810.24	\$ 0.00	\$ 810.24	\$ 0.00	\$ 789.00	\$ 21.24
	Employee + 1	\$ 1,620.48	\$ 1,620.48	\$ 0.00	\$ 1,620.48	\$ 0.00	\$ 1,620.48	\$ 0.00	\$ 1,620.48	\$ 0.00	\$ 1,620.48	\$ 0.00	\$ 1,312.00	\$ 308.48
	Employee + 2 or more	\$ 2,106.62	\$ 2,106.62	\$ 0.00	\$ 2,106.62	\$ 0.00	\$ 2,106.62	\$ 0.00	\$ 2,106.62	\$ 0.00	\$ 2,106.62	\$ 0.00	\$ 1,717.00	\$ 389.62
Health Net Salud y Mas	Employee Only	\$ 684.77	\$ 684.77	\$ 0.00	\$ 684.77	\$ 0.00	\$ 684.77	\$ 0.00	\$ 684.77	\$ 0.00	\$ 684.77	\$ 0.00	\$ 684.77	\$ 0.00
	Employee + 1	\$ 1,369.54	\$ 1,369.54	\$ 0.00	\$ 1,369.54	\$ 0.00	\$ 1,369.54	\$ 0.00	\$ 1,369.54	\$ 0.00	\$ 1,369.54	\$ 0.00	\$ 1,312.00	\$ 57.54
	Employee + 2 or more	\$ 1,780.40	\$ 1,780.40	\$ 0.00	\$ 1,780.40	\$ 0.00	\$ 1,780.40	\$ 0.00	\$ 1,780.40	\$ 0.00	\$ 1,780.40	\$ 0.00	\$ 1,717.00	\$ 63.40
Kaiser Permanente	Employee Only	\$ 904.95	\$ 904.95	\$ 0.00	\$ 904.95	\$ 0.00	\$ 904.95	\$ 0.00	\$ 904.95	\$ 0.00	\$ 904.95	\$ 0.00	\$ 789.00	\$ 115.95
	Employee + 1	\$ 1,809.90	\$ 1,790.34	\$ 19.56	\$ 1,809.90	\$ 0.00	\$ 1,809.90	\$ 0.00	\$ 1,809.90	\$ 0.00	\$ 1,809.90	\$ 0.00	\$ 1,312.00	\$ 497.90
	Employee + 2 or more	\$ 2,352.87	\$ 2,352.87	\$ 0.00	\$ 2,352.87	\$ 0.00	\$ 2,352.87	\$ 0.00	\$ 2,352.87	\$ 0.00	\$ 2,352.87	\$ 0.00	\$ 1,717.00	\$ 635.87
Sharp Performance Plus	Employee Only	\$ 833.24	\$ 833.24	\$ 0.00	\$ 833.24	\$ 0.00	\$ 833.24	\$ 0.00	\$ 833.24	\$ 0.00	\$ 833.24	\$ 0.00	\$ 789.00	\$ 44.24
	Employee + 1	\$ 1,666.48	\$ 1,666.48	\$ 0.00	\$ 1,666.48	\$ 0.00	\$ 1,666.48	\$ 0.00	\$ 1,666.48	\$ 0.00	\$ 1,666.48	\$ 0.00	\$ 1,312.00	\$ 354.48
	Employee + 2 or more	\$ 2,166.42	\$ 2,166.42	\$ 0.00	\$ 2,166.42	\$ 0.00	\$ 2,166.42	\$ 0.00	\$ 2,166.42	\$ 0.00	\$ 2,166.42	\$ 0.00	\$ 1,717.00	\$ 449.42
UnitedHealthcare SignatureValue Alliance	Employee Only	\$ 837.88	\$ 837.88	\$ 0.00	\$ 837.88	\$ 0.00	\$ 837.88	\$ 0.00	\$ 837.88	\$ 0.00	\$ 837.88	\$ 0.00	\$ 789.00	\$ 48.88
	Employee + 1	\$ 1,675.76	\$ 1,675.76	\$ 0.00	\$ 1,675.76	\$ 0.00	\$ 1,675.76	\$ 0.00	\$ 1,675.76	\$ 0.00	\$ 1,675.76	\$ 0.00	\$ 1,312.00	\$ 363.76
	Employee + 2 or more	\$ 2,178.49	\$ 2,178.49	\$ 0.00	\$ 2,178.49	\$ 0.00	\$ 2,178.49	\$ 0.00	\$ 2,178.49	\$ 0.00	\$ 2,178.49	\$ 0.00	\$ 1,717.00	\$ 461.49
UnitedHealthcare SignatureValue Harmony <i>Available in 5 counties in So. California: Los Angeles Orange, Riverside, San Bernardino & San Diego</i>	Employee Only	\$ 792.65	\$ 792.65	\$ 0.00	\$ 792.65	\$ 0.00	\$ 792.65	\$ 0.00	\$ 792.65	\$ 0.00	\$ 792.65	\$ 0.00	\$ 789.00	\$ 3.65
	Employee + 1	\$ 1,585.30	\$ 1,585.30	\$ 0.00	\$ 1,585.30	\$ 0.00	\$ 1,585.30	\$ 0.00	\$ 1,585.30	\$ 0.00	\$ 1,585.30	\$ 0.00	\$ 1,312.00	\$ 273.30
	Employee + 2 or more	\$ 2,060.89	\$ 2,060.89	\$ 0.00	\$ 2,060.89	\$ 0.00	\$ 2,060.89	\$ 0.00	\$ 2,060.89	\$ 0.00	\$ 2,060.89	\$ 0.00	\$ 1,717.00	\$ 343.89
PPO PLANS														
Anthem Blue Cross PERS GOLD PPO <i>80/20 Plan, Limited Network</i>	Employee Only	\$ 799.44	\$ 799.44	\$ 0.00	\$ 799.44	\$ 0.00	\$ 799.44	\$ 0.00	\$ 799.44	\$ 0.00	\$ 799.44	\$ 0.00	\$ 789.00	\$ 10.44
	Employee + 1	\$ 1,598.88	\$ 1,598.88	\$ 0.00	\$ 1,598.88	\$ 0.00	\$ 1,598.88	\$ 0.00	\$ 1,598.88	\$ 0.00	\$ 1,598.88	\$ 0.00	\$ 1,312.00	\$ 286.88
	Employee + 2 or more	\$ 2,078.54	\$ 2,078.54	\$ 0.00	\$ 2,078.54	\$ 0.00	\$ 2,078.54	\$ 0.00	\$ 2,078.54	\$ 0.00	\$ 2,078.54	\$ 0.00	\$ 1,717.00	\$ 361.54
Anthem Blue Cross PERS PLATINUM PPO <i>90/10 Plan</i>	Employee Only	\$ 1,151.50	\$ 1,021.41	\$ 130.09	\$ 1,021.41	\$ 130.09	\$ 1,021.41	\$ 130.09	\$ 1,021.41	\$ 130.09	\$ 1,021.41	\$ 130.09	\$ 789.00	\$ 362.50
	Employee + 1	\$ 2,303.00	\$ 1,790.34	\$ 512.66	\$ 1,825.34	\$ 477.66	\$ 1,825.34	\$ 477.66	\$ 1,825.34	\$ 477.66	\$ 1,825.34	\$ 477.66	\$ 1,312.00	\$ 991.00
	Employee + 2 or more	\$ 2,993.90	\$ 2,365.95	\$ 627.95	\$ 2,365.95	\$ 627.95	\$ 2,365.95	\$ 627.95	\$ 2,365.95	\$ 627.95	\$ 2,365.95	\$ 627.95	\$ 1,717.00	\$ 1276.90

2024 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

REGION 2

(Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura)

Effective: January 1, 2024 - December 31, 2024			AFT (Full-Time Faculty)		
Plan Name	Coverage Level	Full Premium	District Share	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	\$ 807.71	\$ 807.71	\$ 0.00	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,615.42	\$ 1,444.97	\$ 170.45	\$ 238.63
	Employee + 2 or more	\$ 2,100.05	\$ 1,878.41	\$ 221.64	\$ 310.30
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,034.38	\$ 875.00	\$ 159.38	\$ 223.13
	Employee + 1	\$ 2,068.76	\$ 1,444.97	\$ 623.79	\$ 873.31
	Employee + 2 or more	\$ 2,689.39	\$ 1,878.41	\$ 810.98	\$ 1135.37
Blue Shield Access+ HMO & EPO	Employee Only	\$ 869.14	\$ 869.14	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,738.28	\$ 1,444.97	\$ 293.31	\$ 410.63
	Employee + 2 or more	\$ 2,259.76	\$ 1,878.41	\$ 381.35	\$ 533.89
Blue Shield Trio HMO	Employee Only	\$ 810.24	\$ 810.24	\$ 0.00	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,620.48	\$ 1,444.97	\$ 175.51	\$ 245.71
	Employee + 2 or more	\$ 2,106.62	\$ 1,878.41	\$ 228.21	\$ 319.49
Health Net Salud y Mas	Employee Only	\$ 684.77	\$ 684.77	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,369.54	\$ 1,369.54	\$ 0.00	\$ 0.00
	Employee + 2 or more	\$ 1,780.40	\$ 1,780.40	\$ 0.00	\$ 0.00
Kaiser Permanente	Employee Only	\$ 904.95	\$ 875.00	\$ 29.95	\$ 41.93
	Employee + 1	\$ 1,809.90	\$ 1,444.97	\$ 364.93	\$ 510.90
	Employee + 2 or more	\$ 2,352.87	\$ 1,878.41	\$ 474.46	\$ 664.24
Sharp Performance Plus	Employee Only	\$ 833.24	\$ 833.24	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,666.48	\$ 1,444.97	\$ 221.51	\$ 310.11
	Employee + 2 or more	\$ 2,166.42	\$ 1,878.41	\$ 288.01	\$ 403.21
UnitedHealthcare SignatureValue Alliance	Employee Only	\$ 837.88	\$ 837.88	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,675.76	\$ 1,444.97	\$ 230.79	\$ 323.11
	Employee + 2 or more	\$ 2,178.49	\$ 1,878.41	\$ 300.08	\$ 420.11
UnitedHealthcare SignatureValue Harmony	Employee Only	\$ 792.65	\$ 792.65	\$ 0.00	\$ 0.00
<i>Available in 5 counties in So. California: Los Angeles</i>	Employee + 1	\$ 1,585.30	\$ 1,444.97	\$ 140.33	\$ 196.46
<i>Orange, Riverside, San Bernardino & San Diego</i>	Employee + 2 or more	\$ 2,060.89	\$ 1,878.41	\$ 182.48	\$ 255.47
PPO PLANS					
Anthem Blue Cross PERS GOLD PPO	Employee Only	\$ 799.44	\$ 799.44	\$ 0.00	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,598.88	\$ 1,444.97	\$ 153.91	\$ 215.47
	Employee + 2 or more	\$ 2,078.54	\$ 1,878.41	\$ 200.13	\$ 280.18
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 1,151.50	\$ 875.00	\$ 276.50	\$ 387.10
<i>90/10 Plan</i>	Employee + 1	\$ 2,303.00	\$ 1,444.97	\$ 858.03	\$ 1201.24
	Employee + 2 or more	\$ 2,993.90	\$ 1,878.41	\$ 1115.49	\$ 1561.69