

2024 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

REGION 3

(Los Angeles, Riverside, San Bernardino)

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	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	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 <i>Limited Network</i>	Employee Only	\$ 841.13	\$ 841.13	\$ 0.00	\$ 841.13	\$ 0.00	\$ 841.13	\$ 0.00	\$ 841.13	\$ 0.00	\$ 841.13	\$ 0.00	\$ 789.00	\$ 52.13	\$ 841.13	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,682.26	\$ 1,682.26	\$ 0.00	\$ 1,682.26	\$ 0.00	\$ 1,682.26	\$ 0.00	\$ 1,682.26	\$ 0.00	\$ 1,682.26	\$ 0.00	\$ 1,312.00	\$ 370.26	\$ 1,444.97	\$ 237.29	\$ 332.21
	Employee + 2 or more	\$ 2,186.94	\$ 2,186.94	\$ 0.00	\$ 2,186.94	\$ 0.00	\$ 2,186.94	\$ 0.00	\$ 2,186.94	\$ 0.00	\$ 2,186.94	\$ 0.00	\$ 1,717.00	\$ 469.94	\$ 1,878.41	\$ 308.53	\$ 431.94
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,012.67	\$ 1,012.67	\$ 0.00	\$ 1,012.67	\$ 0.00	\$ 1,012.67	\$ 0.00	\$ 1,012.67	\$ 0.00	\$ 1,012.67	\$ 0.00	\$ 789.00	\$ 223.67	\$ 875.00	\$ 137.67	\$ 192.74
	Employee + 1	\$ 2,025.34	\$ 1,790.34	\$ 235.00	\$ 1,825.34	\$ 200.00	\$ 1,825.34	\$ 200.00	\$ 1,825.34	\$ 200.00	\$ 1,825.34	\$ 200.00	\$ 1,312.00	\$ 713.34	\$ 1,444.97	\$ 580.37	\$ 812.52
	Employee + 2 or more	\$ 2,632.94	\$ 2,365.95	\$ 266.99	\$ 2,365.95	\$ 266.99	\$ 2,365.95	\$ 266.99	\$ 2,365.95	\$ 266.99	\$ 2,365.95	\$ 266.99	\$ 1,717.00	\$ 915.94	\$ 1,878.41	\$ 754.53	\$ 1056.34
Blue Shield Access+ HMO	Employee Only	\$ 756.65	\$ 756.65	\$ 0.00	\$ 756.65	\$ 0.00	\$ 756.65	\$ 0.00	\$ 756.65	\$ 0.00	\$ 756.65	\$ 0.00	\$ 756.65	\$ 0.00	\$ 756.65	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,513.30	\$ 1,513.30	\$ 0.00	\$ 1,513.30	\$ 0.00	\$ 1,513.30	\$ 0.00	\$ 1,513.30	\$ 0.00	\$ 1,513.30	\$ 0.00	\$ 1,312.00	\$ 201.30	\$ 1,444.97	\$ 68.33	\$ 95.66
	Employee + 2 or more	\$ 1,967.29	\$ 1,967.29	\$ 0.00	\$ 1,967.29	\$ 0.00	\$ 1,967.29	\$ 0.00	\$ 1,967.29	\$ 0.00	\$ 1,967.29	\$ 0.00	\$ 1,717.00	\$ 250.29	\$ 1,878.41	\$ 88.88	\$ 124.43
Blue Shield Trio HMO <i>Limited Network</i>	Employee Only	\$ 704.69	\$ 704.69	\$ 0.00	\$ 704.69	\$ 0.00	\$ 704.69	\$ 0.00	\$ 704.69	\$ 0.00	\$ 704.69	\$ 0.00	\$ 704.69	\$ 0.00	\$ 704.69	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,409.38	\$ 1,409.38	\$ 0.00	\$ 1,409.38	\$ 0.00	\$ 1,409.38	\$ 0.00	\$ 1,409.38	\$ 0.00	\$ 1,409.38	\$ 0.00	\$ 1,312.00	\$ 97.38	\$ 1,409.38	\$ 0.00	\$ 0.00
	Employee + 2 or more	\$ 1,832.19	\$ 1,832.19	\$ 0.00	\$ 1,832.19	\$ 0.00	\$ 1,832.19	\$ 0.00	\$ 1,832.19	\$ 0.00	\$ 1,832.19	\$ 0.00	\$ 1,717.00	\$ 115.19	\$ 1,832.19	\$ 0.00	\$ 0.00
Health Net Salud y Mas	Employee Only	\$ 630.13	\$ 630.13	\$ 0.00	\$ 630.13	\$ 0.00	\$ 630.13	\$ 0.00	\$ 630.13	\$ 0.00	\$ 630.13	\$ 0.00	\$ 630.13	\$ 0.00	\$ 630.13	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,260.26	\$ 1,260.26	\$ 0.00	\$ 1,260.26	\$ 0.00	\$ 1,260.26	\$ 0.00	\$ 1,260.26	\$ 0.00	\$ 1,260.26	\$ 0.00	\$ 1,260.26	\$ 0.00	\$ 1,260.26	\$ 0.00	\$ 0.00
	Employee + 2 or more	\$ 1,638.34	\$ 1,638.34	\$ 0.00	\$ 1,638.34	\$ 0.00	\$ 1,638.34	\$ 0.00	\$ 1,638.34	\$ 0.00	\$ 1,638.34	\$ 0.00	\$ 1,638.34	\$ 0.00	\$ 1,638.34	\$ 0.00	\$ 0.00
Kaiser Permanente	Employee Only	\$ 865.41	\$ 865.41	\$ 0.00	\$ 865.41	\$ 0.00	\$ 865.41	\$ 0.00	\$ 865.41	\$ 0.00	\$ 865.41	\$ 0.00	\$ 789.00	\$ 76.41	\$ 865.41	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,730.82	\$ 1,730.82	\$ 0.00	\$ 1,730.82	\$ 0.00	\$ 1,730.82	\$ 0.00	\$ 1,730.82	\$ 0.00	\$ 1,730.82	\$ 0.00	\$ 1,312.00	\$ 418.82	\$ 1,444.97	\$ 285.85	\$ 400.19
	Employee + 2 or more	\$ 2,250.07	\$ 2,250.07	\$ 0.00	\$ 2,250.07	\$ 0.00	\$ 2,250.07	\$ 0.00	\$ 2,250.07	\$ 0.00	\$ 2,250.07	\$ 0.00	\$ 1,717.00	\$ 533.07	\$ 1,878.41	\$ 371.66	\$ 520.32
UnitedHealthcare SignatureValue Alliance	Employee Only	\$ 826.44	\$ 826.44	\$ 0.00	\$ 826.44	\$ 0.00	\$ 826.44	\$ 0.00	\$ 826.44	\$ 0.00	\$ 826.44	\$ 0.00	\$ 789.00	\$ 37.44	\$ 826.44	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,652.88	\$ 1,652.88	\$ 0.00	\$ 1,652.88	\$ 0.00	\$ 1,652.88	\$ 0.00	\$ 1,652.88	\$ 0.00	\$ 1,652.88	\$ 0.00	\$ 1,312.00	\$ 340.88	\$ 1,444.97	\$ 207.91	\$ 291.07
	Employee + 2 or more	\$ 2,148.74	\$ 2,148.74	\$ 0.00	\$ 2,148.74	\$ 0.00	\$ 2,148.74	\$ 0.00	\$ 2,148.74	\$ 0.00	\$ 2,148.74	\$ 0.00	\$ 1,717.00	\$ 431.74	\$ 1,878.41	\$ 270.33	\$ 378.46
UnitedHealthcare SignatureValue Harmony <i>Limited Counties: Los Angeles Orange, Riverside, San Bernardino & San Diego</i>	Employee Only	\$ 734.76	\$ 734.76	\$ 0.00	\$ 734.76	\$ 0.00	\$ 734.76	\$ 0.00	\$ 734.76	\$ 0.00	\$ 734.76	\$ 0.00	\$ 734.76	\$ 0.00	\$ 734.76	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,469.52	\$ 1,469.52	\$ 0.00	\$ 1,469.52	\$ 0.00	\$ 1,469.52	\$ 0.00	\$ 1,469.52	\$ 0.00	\$ 1,469.52	\$ 0.00	\$ 1,312.00	\$ 157.52	\$ 1,444.97	\$ 24.55	\$ 34.37
	Employee + 2 or more	\$ 1,910.38	\$ 1,910.38	\$ 0.00	\$ 1,910.38	\$ 0.00	\$ 1,910.38	\$ 0.00	\$ 1,910.38	\$ 0.00	\$ 1,910.38	\$ 0.00	\$ 1,717.00	\$ 193.38	\$ 1,878.41	\$ 31.97	\$ 44.76
PPO PLANS																	
Anthem Blue Cross PERS GOLD PPO <i>80/20 Plan, Limited Network</i>	Employee Only	\$ 785.28	\$ 785.28	\$ 0.00	\$ 785.28	\$ 0.00	\$ 785.28	\$ 0.00	\$ 785.28	\$ 0.00	\$ 785.28	\$ 0.00	\$ 785.28	\$ 0.00	\$ 785.28	\$ 0.00	\$ 0.00
	Employee + 1	\$ 1,570.56	\$ 1,570.56	\$ 0.00	\$ 1,570.56	\$ 0.00	\$ 1,570.56	\$ 0.00	\$ 1,570.56	\$ 0.00	\$ 1,570.56	\$ 0.00	\$ 1,312.00	\$ 258.56	\$ 1,444.97	\$ 125.59	\$ 175.83
	Employee + 2 or more	\$ 2,041.73	\$ 2,041.73	\$ 0.00	\$ 2,041.73	\$ 0.00	\$ 2,041.73	\$ 0.00	\$ 2,041.73	\$ 0.00	\$ 2,041.73	\$ 0.00	\$ 1,717.00	\$ 324.73	\$ 1,878.41	\$ 163.32	\$ 228.65
Anthem Blue Cross PERS PLATINUM PPO <i>90/10 Plan</i>	Employee Only	\$ 1,131.47	\$ 1,021.41	\$ 110.06	\$ 1,021.41	\$ 110.06	\$ 1,021.41	\$ 110.06	\$ 1,021.41	\$ 110.06	\$ 1,021.41	\$ 110.06	\$ 789.00	\$ 342.47	\$ 875.00	\$ 256.47	\$ 359.06
	Employee + 1	\$ 2,262.94	\$ 1,790.34	\$ 472.60	\$ 1,825.34	\$ 437.60	\$ 1,825.34	\$ 437.60	\$ 1,825.34	\$ 437.60	\$ 1,825.34	\$ 437.60	\$ 1,312.00	\$ 950.94	\$ 1,444.97	\$ 817.97	\$ 1145.16
	Employee + 2 or more	\$ 2,941.82	\$ 2,365.95	\$ 575.87	\$ 2,365.95	\$ 575.87	\$ 2,365.95	\$ 575.87	\$ 2,365.95	\$ 575.87	\$ 2,365.95	\$ 575.87	\$ 1,717.00	\$ 1224.82	\$ 1,878.41	\$ 1063.41	\$ 1488.77