

2024 HEALTH INSURANCE PREMIUM RATES

IAFF, SEIU & MCE RATES EFFECTIVE 01/01/2024

Payroll changes take effect 12/1/2023

1) CCSD pays 85% of full-time employees and dependent's(s) premiums. **(PERS Gold is the district's selected "2024 lowest cost plan.")**

The Employer portion is made up of 2 components:

1a) Employer contributes the state minimum towards health care premiums (In 2024, this amount is: \$157.00).

1b) Employer contributes an additional amount over state minimum to bring its contribution to 85% of lowest cost plan.

2) Employee pays 15% of employees and dependent's(s) premiums (PERS Gold is the "2024 lowest cost plan.")

The Employee payment is made up of 2 components:

2a) Employee pays 15% of health care premiums

2b) If Employee selects a plan with a higher premium than the current year PERS Gold premium amount, then the employee pays full differential cost of premium.

| | Plan Code | Total Monthly Premium | EmploYER Monthly Portion | EmploYEE | |
|--|-----------|-----------------------|--------------------------|-----------------|-------------------|
| | | | | Monthly Portion | Bi-Weekly Portion |
| ANTHEM BLUE CROSS TRADITIONAL HMO | | | | | |
| Employee Only | 510 | 1,034.38 | 679.52 | 354.86 | 177.43 |
| Emp. & 1 dep. | 510 | 2,068.76 | 1,359.05 | 709.71 | 354.86 |
| Emp. & 2+ deps. | 510 | 2,689.39 | 1,766.76 | 922.63 | 461.32 |
| *BLUE SHIELD ACCESS+ HMO | | | | | |
| Employee Only | 526 | 869.14 | 679.52 | 189.62 | 94.81 |
| Emp. & 1 dep. | 526 | 1,738.28 | 1,359.05 | 379.23 | 189.62 |
| Emp. & 2+ deps. | 526 | 2,259.76 | 1,766.76 | 493.00 | 246.50 |
| BLUE SHIELD TRIO HMO | | | | | |
| Employee Only | 088 | 810.24 | 679.52 | 130.72 | 65.36 |
| Emp. & 1 dep. | 088 | 1,620.48 | 1,359.05 | 261.43 | 130.72 |
| Emp. & 2+ deps. | 088 | 2,106.62 | 1,766.76 | 339.86 | 169.93 |
| PERS GOLD | | | | | |
| Employee Only | 614 | 799.44 | 679.52 | 119.92 | 59.96 |
| Emp. & 1 dep. | 614 | 1,598.88 | 1,359.05 | 239.83 | 119.92 |
| Emp. & 2+ deps. | 614 | 2,078.54 | 1,766.76 | 311.78 | 155.89 |
| PERS PLATINUM | | | | | |
| Employee Only | 602 | 1,151.50 | 679.52 | 471.98 | 235.99 |
| Emp. & 1 dep. | 602 | 2,303.00 | 1,359.05 | 943.95 | 471.98 |
| Emp. & 2+ deps. | 602 | 2,993.90 | 1,766.76 | 1,227.14 | 613.57 |
| UNITED HEALTHCARE HMO | | | | | |
| Employee Only | 577 | 837.88 | 679.52 | 158.36 | 79.18 |
| Emp. & 1 dep. | 577 | 1,675.76 | 1,359.05 | 316.71 | 158.36 |
| Emp. & 2+ deps. | 577 | 2,178.49 | 1,766.76 | 411.73 | 205.87 |

*Blue Shield Access+HMO is also known as Blue Shield of CA HMO

