



**ROWLAND UNIFIED SCHOOL DISTRICT
HEALTH PLAN RATES EFFECTIVE JANUARY 1, 2024**

- . Rates are tenths rates (deducted ten times per year)
- . New rates will be reflected on pay warrants starting January 31st for Certificated and February 10th for Classified
- . Deduction will be taken during the months of:
January, February, March, April, May, no deduction in June & July, August, September, October, November, and December

These are actual rates before applying District monthly cap. To calculate YOUR cost, add the total premiums for medical, dental, vision, and minus \$1,500

HMO MEDICAL PLANS	2024 Pre-Tax Rates	2023 Pre-Tax Rates	\$ Increase/ Decrease
Anthem Blue Cross HMO Select			
Employee Only	\$1,009.36	\$885.49	\$123.86
Employee + 1 Dependent	\$2,018.71	\$1,770.98	\$247.73
Employee + 2 or more	\$2,624.33	\$2,302.28	\$322.04
Anthem Blue Cross HMO Traditional			
Employee Only	\$1,215.20	\$1,131.28	\$24.16
Employee + 1 Dependent	\$2,430.41	\$2,262.55	\$167.86
Employee + 2 or more	\$3,159.53	\$2,941.32	\$218.21
Blue Shield Access + HMO			
Employee Only	\$907.98	\$885.95	\$22.03
Employee + 1 Dependent	\$1,815.96	\$1,771.90	\$44.06
Employee + 2 or more	\$2,360.75	\$2,303.46	\$57.29
Blue Shield Trio			
Employee Only	\$845.63	\$793.79	\$51.84
Employee + 1 Dependent	\$1,691.26	\$1,587.58	\$103.68
Employee + 2 or more	\$2,198.63	\$2,063.84	\$134.78
Health Net Salud HMO			
Employee Only	\$756.16	\$727.61	\$28.55
Employee + 1 Dependent	\$1,512.31	\$1,455.22	\$57.10
Employee + 2 or more	\$1,966.01	\$1,891.78	\$74.23
Health Net SmartCare HMO			
Employee Only	No longer part of CalPERS health plan offerings		
Employee + 1 Dependent			
Employee + 2 or more			
Kaiser Permanente HMO			
Employee Only	\$1,038.49	\$905.57	\$132.92
Employee + 1 Dependent	\$2,076.98	\$1,811.14	\$265.85
Employee + 2 or more	\$2,700.08	\$2,354.47	\$345.61
United Healthcare Alliance HMO			
Employee Only	\$991.73	\$948.55	\$43.18
Employee + 1 Dependent	\$1,983.46	\$1,897.10	\$86.35
Employee + 2 or more	\$2,578.49	\$2,466.24	\$112.25
United Healthcare Harmony HMO			
Employee Only	\$881.71	\$856.26	\$25.45
Employee + 1 Dependent	\$1,763.42	\$1,712.52	\$50.90
Employee + 2 or more	\$2,292.46	\$2,226.28	\$66.18

PPO MEDICAL PLANS	2024 Pre-Tax Rates	2023 Pre-Tax Rates	\$ Increase/ Decrease
PERS Platinum			
Employee Only	\$1,357.76	\$1,191.11	\$166.66
Employee + 1 Dependent	\$2,715.53	\$2,382.22	\$333.31
Employee + 2 or more	\$3,530.18	\$3,096.88	\$433.31
PERS Gold			
Employee Only	\$942.34	\$816.44	\$125.89
Employee + 1 Dependent	\$1,884.67	\$1,632.89	\$251.78
Employee + 2 or more	\$2,450.08	\$2,122.75	\$327.32

Cash In Lieu of Medical Benefit	If other Group Medical coverage is provided, Employee may waive medical coverage and receive a Cash-in-lieu payment of: \$450/month (tenths)
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DENTAL PLANS	2024 Pre-Tax Rates	2023 Pre-Tax Rates	\$ Increase/ Decrease
Delta Care Dental HMO			
Employee Only	\$14.94	\$14.94	\$0.00
Employee + 1 Dependent	\$28.57	\$28.57	\$0.00
Employee + 2 or more	\$44.65	\$44.65	\$0.00
Delta Dental PPO			
Employee Only	\$62.41	\$59.99	\$2.42
Employee + 1 Dependent	\$121.67	\$116.94	\$4.73
Employee + 2 or more	\$168.48	\$161.94	\$6.54

VISION PLAN - EyeMed	2024 Pre-Tax Rates	2023 Pre-Tax Rates	\$ Increase/ Decrease
Employee Only	\$7.42	\$7.42	\$0.00
Employee + 1 Dependent	\$12.10	\$12.10	\$0.00
Employee + 2 or more	\$16.66	\$16.66	\$0.00

PRE-TAX DEDUCTIONS	All medical, dental and vision deductions are pre-taxed unless specified by the Employee.
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