

## HEALTH RATES - MONTHLY AMOUNTS

January 1, 2024 through December 31, 2024

### MEDICAL

MEDICAL CARRIER	PLAN CODE	1 PARTY PREMIUM	PLAN CODE	2 PARTY PREMIUM	PLAN CODE	FAMILY PREMIUM
<b>HMO PLANS:</b>						
ANTHEM HMO SELECT	5061	1,138.86	5062	2,277.72	5063	2,961.04
ANTHEM HMO TRADITIONAL	5091	1,339.70	5092	2,679.40	5093	3,483.22
BLUESHIELD ACCESS+	5251	1,076.84	5252	2,153.68	5253	2,799.78
BLUESHIELD TRIO*	4511	946.84	4512	1,893.68	4513	2,461.78
KAISER	5331	1,021.41	5332	2,042.82	5333	2,655.67
UNITEDHEALTHCARE	5761	1,091.13	5762	2,182.26	5763	2,836.94
WESTERN HEALTH*	5911	807.23	5912	1,614.46	5913	2,098.80
<b>PPO PLANS:</b>						
PERS PLATINUM	6011	1,314.27	6012	2,628.54	6013	3,417.10
PERS GOLD	6131	914.82	6132	1,829.64	6133	2,378.53

\*Available in select areas

### DELTA DENTAL

January 1, 2024 through December 31, 2024

<b>CERTIFICATED</b>			
<b>GRP #7103-0043</b>		\$50.18	\$92.35
			\$139.60
<b>CLASSIFIED</b>			
<b>GRP #7103-0044</b>	COMPOSITE RATE \$112.80		

### VISION PLANS

January 1, 2024 through December 31, 2024

<b>CERTIFICATED</b>	
<b>VSP #30081849</b>	COMPOSITE RATE \$11.62
<b>CLASSIFIED</b>	
<b>VSP #30081849</b>	COMPOSITE RATE \$11.62