

## HEALTH RATES - MONTHLY AMOUNTS

January 1, 2025 through December 31, 2025

### 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	1,256.65	5062	2,513.30	5063	3,267.29
ANTHEM HMO TRADITIONAL	5091	1,500.40	5092	3,000.80	5093	3,901.04
BLUESHIELD ACCESS+	5251	1,170.17	5252	2,340.34	5253	3,042.44
BLUESHIELD TRIO*	4511	1,134.79	4512	2,269.58	4513	2,950.45
KAISER	5331	1,112.90	5332	2,225.80	5333	2,893.54
UNITEDHEALTHCARE	5761	1,184.58	5762	2,369.16	5763	3,079.91
WESTERN HEALTH*	5911	914.27	5912	1,828.54	5913	2,377.10
<b>PPO PLANS:</b>						
PERS PLATINUM	6571	1,476.11	6572	2,952.20	6573	3,837.86
PERS GOLD	6481	1,013.70	6482	2,027.40	6483	2,635.62

\*Available in select areas

### DELTA DENTAL

January 1, 2025 through December 31, 2025

<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, 2025 through December 31, 2025

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