

Rates Effective 01/01/2024
Stockton Unified Supervisory Unit

Benefit Plan	Blue Shield Access + HMO	Blue Shield Trio HMO	Blue Shield EPO	Western Health Advantage HMO	Kaiser HMO	PERS Gold PPO	PERS Platinum PPO	Anthem Select HMO	Anthem Traditional HMO	Anthem EPO Del Norte EPO	United HealthCare HMO	Medical Rebate
Medical Rate	\$ 2,128.92	\$ 1,871.91	\$ 2,128.92	\$ 1,595.90	\$ 2,019.34	\$ 1,808.61	\$ 2,598.33	\$ 2,251.54	\$ 2,648.60	\$ 2,598.32	\$ 2,157.18	N/A
Chiro	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	N/A
Vision	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34	\$ 12.34
Delta Dental	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16	\$ 111.16
Total Monthly Premium	\$ 2,258.42	\$ 2,001.41	\$ 2,258.42	\$ 1,725.40	\$ 2,148.84	\$ 1,938.11	\$ 2,727.83	\$ 2,381.04	\$ 2,778.10	\$ 2,727.82	\$ 2,286.68	\$ 123.50
Total District Contributions **	\$ 2,158.42	\$ 2,001.41	\$ 2,158.42	\$ 1,725.40	\$ 2,148.84	\$ 1,938.11	\$ 2,158.42	\$ 2,158.42	\$ 2,158.42	\$ 2,158.42	\$ 2,158.42	\$ 123.50
Monthly Buy-up (Payroll Deduction)												
12 month rate	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 569.40	\$ 222.62	\$ 619.68	\$ 569.40	\$ 128.25	\$ -
11 month rate	\$ 109.09	\$ -	\$ 109.09	\$ -	\$ -	\$ -	\$ 621.17	\$ 242.85	\$ 676.01	\$ 621.16	\$ 139.91	\$ -

Cash In Lieu of Healthcare Benefits for employees hired on or before 12/31/2016 ***	
12 month rate	\$ 650.00
11 month rate	\$ 709.09

Cash In Lieu of Healthcare Benefits for employees hired on or after 1/1/2017 ****	
12 month rate	\$ 250.00
11 month rate	\$ 272.73

** Effective 02/01/2024 Premium of Blue Shield Access - \$100.00, or full cost of Kaiser HMO (whichever is higher)

*** Effective 02/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"

*** Effective 01/01/2017 - Negotiated Rate - Fixed cap rate of \$650.00 per month for employees hired on or before 12/31/2016

**** Effective 01/01/2017 - Negotiated Rate - Fixed cap rate of \$250.00 per month for employees hired on or after 01/01/2017

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO 1-855-839-4524
 Blue Cross/Anthem/PERS PPO 1-877-737-7776
 Blue Shield 1-800-334-5847
 Kaiser 1-800-464-4000
 United Healthcare 1-877-359-3714
 Western Health Advantage 1-888-942-7377
 Delta Dental 1-866-499-3001
 EyeMed Vision 1-844-409-3401
 Optum Health Chiropractic 1-800-428-6337

website-www.anthem.com/ca/calpers
 website-www.anthem.com/ca/calpers
 website-www.blueshield.com
 website-www.kp.org/calpers
 website-www.uhc.com
 website-www.westernhealth.com/calpers
 website-www.deltadentalca.com
 website-www.eyemed.com
 website-www.optum.com