

Rates Effective 01/01/2024  
United Stockton Administrators

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 06/30/2012 ***		
12 month rate	\$	595.49
11 month rate	\$	649.63

Cash In Lieu of Healthcare Benefits for USA members hired on or after 07/01/2012 ****		
12 month rate	\$	297.75
11 month rate	\$	324.81

\*\*\* Effective 04/01/2024 Medical Rebate retitled to "Cash In Lieu of Healthcare Benefits"

\*\*\*\*Effective 01/01/2020 - Negotiated Rate (May 2019) - 30% of the District's adjusted health benefit contribution for employees hired on or before 06/30/2012

\*\*\*\* Effective 01/01/2020 - Negotiated Rate (May 2019) - 15% of the District's adjusted health benefit contribution for employees hired on or after 07/01/2012

\*\* Effective 04/01/2024 Premium of Blue Shield Access - \$100.00, or full cost of Kaiser HMO (whichever is higher)

\*\* Effective January 1, 2020, Health Benefit Contribution (medical, dental, vision, chiro) shall be adjusted annually based on the monthly premium for the least expensive HMO plan (excluding Western Health Advantage) by increasing or decreasing the amount of the District health benefit contribution by no more than \$100 a month (\$1,200 annually) as compared to the previous year's health benefit contribution amount.  
\*\* Effective 01/01/2019 - Negotiated Rate (May 2019).

The Customer service numbers for the benefit providers are:

Blue Cross/Anthem/PERS HMO	1-855-839-4524	website-www.anthem.com/ca/calpers
Blue Cross/Anthem/PERS PPO	1-877-737-7776	website-www.anthem.com/ca/calpers
Blue Shield	1-800-334-5847	website-www.blueshield.com
Kaiser	1-800-464-4000	website-www.kp.org/calpers
United Healthcare	1-877-359-3714	website-www.uhc.com
Western Health Advantage	1-888-942-7377	website-www.westernhealth.com/calpers
Delta Dental	1-866-499-3001	website-www.deltadentalca.com
EyeMed Vision	1-844-409-3401	website-www.eyemed.com
Optum Health Chiropractic	1-800-428-6337	website-www.optum.com