

# CALPERS BENEFIT SELECTION WORKSHEET

**TURLOCK UNIFIED SCHOOL DISTRICT**  
**CALPERS HEALTH & WELFARE MONTHLY RATES**  
 Rates Effective January 1, 2024

**Name:** \_\_\_\_\_  
**DOB / ID#** \_\_\_\_\_  
**Circle one:**      Classified      Certificated  
**Hire Date:** \_\_\_\_\_  
**Benefits Start:** \_\_\_\_\_  
**Pay Schedule:** \_\_\_\_\_

The District's health and welfare CalPERS plans for 2024 are listed below.  
 Please note: your actual rate may be slightly different based on your selected region of healthcare.  
*TUSD payroll department can make all changes to health plans for you by submitting the appropriate forms to the Finance & Accountability Office. However, active members have the option to submit Open Enrollment changes online. This includes adding or removing dependents, changing health plans, new enrollment, and canceling coverage. If you choose to make your own changes via the CalPERS website, you are **required** to notify TUSDhealthbenefits@turlock.k12.ca.us to assure we can update and correct payroll information in our system.*

CalPERS Medical Plans	Employee Only	Employee +1	Employee +Family	Monthly Cost of Selected Plan
United Healthcare Alliance	\$1,094.62	\$2,189.24	\$2,846.02	
Blue Shield Trio	\$949.87	\$1,899.74	\$2,469.66	
Blue Shield Access+	\$1,080.29	\$2,160.57	\$2,808.74	
Kaiser	\$1,024.68	\$2,049.36	\$2,664.17	
Anthem HMO Select	\$1,142.50	\$2,285.01	\$2,970.52	
Anthem HMO Traditional	\$1,343.99	\$2,687.97	\$3,494.37	
PERS Gold	\$917.75	\$1,835.49	\$2,386.14	
PERS Platinum	\$1,318.48	\$2,636.95	\$3,428.03	
<b>Dental Plans</b>				
Delta PPO Incentive	\$140.46	\$140.46	\$140.46	
United Healthcare	\$24.54	\$45.06	\$67.69	
Delta Dental - PPO	\$57.81	\$104.17	\$163.70	
DeltaCare DMO	\$19.37	\$31.97	\$47.29	
<b>Vision- VSP</b>				
TTA/CSEA/TC-AFT	\$14.46	\$28.93	\$36.45	
Non-Represented	\$15.99	\$31.98	\$40.29	

*Enrollment in District offered health & welfare plans is optional. Proof of alternate medical insurance is required annually to receive cash in-lieu of a district contribution.*

DISTRICT'S CONTRIBUTION	MONTHLY	ANNUAL
Employee Only	\$1,000.00	\$12,000.00
Employee +1	\$1,000.00	\$12,000.00
Employee +Family	\$1,000.00	\$12,000.00
Benefit cap cash in-lieu is available for employees hired prior to 07/01/2016 if evidence of medical insurance is provided annually. (Annually: TTA - \$5,906; CSEA - \$3,843; TFCE - \$3,467)		
Benefit cap cash in-lieu is available for employees hired on or after 07/01/2016 if evidence of medical insurance is provided annually (\$3,000 annually).		

Summary	
Total:	
District Contribution:	
Employee Responsibility:	
Effective Date:	