

# ACTIVE CERTIFICATED & MANAGEMENT EMPLOYEES

## JANUARY - DECEMBER 2024 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO \$25	Employee Only	\$ 15,912.00	\$ 11,040.00	\$ 487.20	\$ 442.91	\$ 406.00
	Employee + 1	\$ 31,740.00	\$ 16,260.00	\$ 1,548.00	\$ 1,407.27	\$ 1,290.00
	Family	\$ 41,220.00	\$ 21,120.00	\$ 2,010.00	\$ 1,827.27	\$ 1,675.00
PPO \$30	Employee Only	\$ 14,784.00	\$ 11,040.00	\$ 374.40	\$ 340.36	\$ 312.00
	Employee + 1	\$ 29,484.00	\$ 16,260.00	\$ 1,322.40	\$ 1,202.18	\$ 1,102.00
	Family	\$ 38,316.00	\$ 21,120.00	\$ 1,719.60	\$ 1,563.27	\$ 1,433.00
PPO \$40	Employee Only	\$ 12,072.00	\$ 11,040.00	\$ 103.20	\$ 93.82	\$ 86.00
	Employee + 1	\$ 24,096.00	\$ 16,260.00	\$ 783.60	\$ 712.36	\$ 653.00
	Family	\$ 31,284.00	\$ 21,120.00	\$ 1,016.40	\$ 924.00	\$ 847.00
PPO \$50	Employee Only	\$ 12,504.00	\$ 11,040.00	\$ 146.40	\$ 133.09	\$ 122.00
	Employee + 1	\$ 24,996.00	\$ 16,260.00	\$ 873.60	\$ 794.18	\$ 728.00
	Family	\$ 32,460.00	\$ 21,120.00	\$ 1,134.00	\$ 1,030.91	\$ 945.00
PPO \$60	Employee Only	\$ 10,200.00	\$ 11,040.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 20,268.00	\$ 16,260.00	\$ 400.80	\$ 364.36	\$ 334.00
	Family	\$ 26,352.00	\$ 21,120.00	\$ 523.20	\$ 475.64	\$ 436.00
PPO Select	Employee Only	\$ 8,724.00	\$ 11,040.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 17,364.00	\$ 16,260.00	\$ 110.40	\$ 100.36	\$ 92.00
	Family	\$ 22,560.00	\$ 21,120.00	\$ 144.00	\$ 130.91	\$ 120.00
Trio HMO	Employee Only	\$ 12,024.00	\$ 11,040.00	\$ 98.40	\$ 89.45	\$ 82.00
	Employee + 1	\$ 25,872.00	\$ 16,260.00	\$ 961.20	\$ 873.82	\$ 801.00
	Family	\$ 31,956.00	\$ 21,120.00	\$ 1,083.60	\$ 985.09	\$ 903.00
Kaiser Low*	Employee Only	\$ 9,024.00	\$ 11,040.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 17,952.00	\$ 16,260.00	\$ 169.20	\$ 153.82	\$ 141.00
	Family	\$ 25,356.00	\$ 21,120.00	\$ 423.60	\$ 385.09	\$ 353.00
Kaiser Medium*	Employee Only	\$ 9,984.00	\$ 11,040.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 19,860.00	\$ 16,260.00	\$ 360.00	\$ 327.27	\$ 300.00
	Family	\$ 28,068.00	\$ 21,120.00	\$ 694.80	\$ 631.64	\$ 579.00
Kaiser High*	Employee Only	\$ 11,580.00	\$ 11,040.00	\$ 54.00	\$ 49.09	\$ 45.00
	Employee + 1	\$ 23,064.00	\$ 16,260.00	\$ 680.40	\$ 618.55	\$ 567.00
	Family	\$ 32,592.00	\$ 21,120.00	\$ 1,147.20	\$ 1,042.91	\$ 956.00

\* Kaiser fully insured program includes the MCSIG wellness program as well as Life Insurance. It does not include ancillary benefits.

Employees whose residence is in Santa Cruz or Santa Clara County are eligible to enroll in Kaiser health plans