

EARLY RETIREE CERTIFICATED & MANAGEMENT**JANUARY - DECEMBER 2024 RATES**

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	EMPLOYEE COST (12 MONTH)
PPO \$25	Employee Only	\$ 15,876.00	\$ 11,040.00	\$ 403.00
	Employee + 1	\$ 31,704.00	\$ 16,260.00	\$ 1,287.00
	Family	\$ 41,184.00	\$ 21,120.00	\$ 1,672.00
PPO \$30	Employee Only	\$ 14,748.00	\$ 11,040.00	\$ 309.00
	Employee + 1	\$ 29,448.00	\$ 16,260.00	\$ 1,099.00
	Family	\$ 38,280.00	\$ 21,120.00	\$ 1,430.00
PPO \$40	Employee Only	\$ 12,036.00	\$ 11,040.00	\$ 83.00
	Employee + 1	\$ 24,060.00	\$ 16,260.00	\$ 650.00
	Family	\$ 31,248.00	\$ 21,120.00	\$ 844.00
PPO \$50	Employee Only	\$ 12,468.00	\$ 11,040.00	\$ 119.00
	Employee + 1	\$ 24,960.00	\$ 16,260.00	\$ 725.00
	Family	\$ 32,424.00	\$ 21,120.00	\$ 942.00
PPO \$60	Employee Only	\$ 10,164.00	\$ 11,040.00	\$ -
	Employee + 1	\$ 20,232.00	\$ 16,260.00	\$ 331.00
	Family	\$ 26,316.00	\$ 21,120.00	\$ 433.00
PPO Select	Employee Only	\$ 8,688.00	\$ 11,040.00	\$ -
	Employee + 1	\$ 17,328.00	\$ 16,260.00	\$ 89.00
	Family	\$ 22,524.00	\$ 21,120.00	\$ 117.00
Trio HMO	Employee Only	\$ 11,988.00	\$ 11,040.00	\$ 79.00
	Employee + 1	\$ 25,836.00	\$ 16,260.00	\$ 798.00
	Family	\$ 31,920.00	\$ 21,120.00	\$ 900.00
KAISER LOW	Employee Only	\$ 8,988.00	\$ 11,040.00	\$ -
	Employee + 1	\$ 17,916.00	\$ 16,260.00	\$ 138.00
	Family	\$ 25,320.00	\$ 21,120.00	\$ 350.00
KAISER MEDIUM	Employee Only	\$ 9,948.00	\$ 11,040.00	\$ -
	Employee + 1	\$ 19,824.00	\$ 16,260.00	\$ 297.00
	Family	\$ 28,032.00	\$ 21,120.00	\$ 576.00
KAISER HIGH	Employee Only	\$ 11,544.00	\$ 11,040.00	\$ 42.00
	Employee + 1	\$ 23,028.00	\$ 16,260.00	\$ 564.00
	Family	\$ 32,556.00	\$ 21,120.00	\$ 953.00

* Kaiser fully insured program NOW include the MCSIG wellness program & 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