

**EARLY RETIREE CLASSIFIED & CONFIDENTIAL****JANUARY - DECEMBER 2024 RATES**

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	EMPLOYEE COST (12 MONTH)
PPO \$25	Employee Only	\$ 15,876.00	\$ 9,812.00	\$ 505.33
	Employee + 1	\$ 31,704.00	\$ 18,128.00	\$ 1,131.33
	Family	\$ 41,184.00	\$ 23,492.00	\$ 1,474.33
PPO \$30	Employee Only	\$ 14,748.00	\$ 9,812.00	\$ 411.33
	Employee + 1	\$ 29,448.00	\$ 18,128.00	\$ 943.33
	Family	\$ 38,280.00	\$ 23,492.00	\$ 1,232.33
PPO \$40	Employee Only	\$ 12,036.00	\$ 9,812.00	\$ 185.33
	Employee + 1	\$ 24,060.00	\$ 18,128.00	\$ 494.33
	Family	\$ 31,248.00	\$ 23,492.00	\$ 646.33
PPO \$50	Employee Only	\$ 12,468.00	\$ 9,812.00	\$ 221.33
	Employee + 1	\$ 24,960.00	\$ 18,128.00	\$ 569.33
	Family	\$ 32,424.00	\$ 23,492.00	\$ 744.33
PPO \$60	Employee Only	\$ 10,164.00	\$ 9,812.00	\$ 29.33
	Employee + 1	\$ 20,232.00	\$ 18,128.00	\$ 175.33
	Family	\$ 26,316.00	\$ 23,492.00	\$ 235.33
PPO Select	Employee Only	\$ 8,688.00	\$ 9,812.00	\$ -
	Employee + 1	\$ 17,328.00	\$ 18,128.00	\$ -
	Family	\$ 22,524.00	\$ 23,492.00	\$ -
Trio HMO	Employee Only	\$ 11,988.00	\$ 9,812.00	\$ 181.33
	Employee + 1	\$ 25,836.00	\$ 18,128.00	\$ 642.33
	Family	\$ 31,920.00	\$ 23,492.00	\$ 702.33
KAISER LOW	Employee Only	\$ 8,988.00	\$ 9,812.00	\$ -
	Employee + 1	\$ 17,916.00	\$ 18,128.00	\$ -
	Family	\$ 25,320.00	\$ 23,492.00	\$ 152.33
KAISER MEDIUM	Employee Only	\$ 9,948.00	\$ 9,812.00	\$ 11.33
	Employee + 1	\$ 19,824.00	\$ 18,128.00	\$ 141.33
	Family	\$ 28,032.00	\$ 23,492.00	\$ 378.33
KAISER HIGH	Employee Only	\$ 11,544.00	\$ 9,812.00	\$ 144.33
	Employee + 1	\$ 23,028.00	\$ 18,128.00	\$ 408.33
	Family	\$ 32,556.00	\$ 23,492.00	\$ 755.33

\* 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