



SAN MATEO-FOSTER CITY SCHOOL DISTRICT

DENTAL, VISION AND HEALTH INSURANCE MONTHLY RATES

2024 SUMMARY OF BENEFITS AND COVERAGE NOTICE

December payroll deductions reflect any changes effective January 1, 2024

CARRIER	PLAN CODE	SINGLE COVERAGE	PLAN CODE	DOUBLE COVERAGE	PLAN CODE	FAMILY COVERAGE
DELTA DENTAL		\$58.90		\$119.70		\$178.60
PERS MEDICAL PLANS						
HEALTH MAINTENANCE ORGANIZATIONS (HMO'S)						
Anthem HMO Select ***	5061	\$1,138.86	5062	\$2,277.72	5063	\$2,961.04
Anthem HMO Traditional	5091	\$1,339.70	5092	\$2,679.40	5093	\$3,483.22
Blue Shield Access +	5251	\$1,076.84	5252	\$2,153.68	5253	\$2,799.78
KAISER	5331	\$1,021.41	5332	\$2,042.82	5333	\$2,655.67
UNITED HEALTHCARE ALLIANCE	5761	\$1,091.13	5762	\$2,182.26	5763	\$2,836.94
PREFERRED PROVIDER ORGANIZATIONS (PPO'S)						
PERS Gold**	6131	\$914.82	6132	\$1,829.64	6133	\$2,378.53
PERS Platinum	6011	\$1,314.27	6012	\$2,628.54	6013	\$3,417.10
VISION PLAN						
VSP Certificated & Classified		\$7.60		\$16.15		\$22.80
VSP Management		\$6.65		\$15.20		\$21.85

**PERS Select has a very limited physicians network

***Anthem HMO Select only available to San Francisco residents

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit www.calpers.ca.gov * under the **Plans and Rate** section (subsection **Health Plans**), or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly.

* <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

** To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

CARRIER INFORMATION	PHONE NUMBER	ACTIVE	RETIREE
Delta Dental Group number	1(866) 499-3001	15997-0431	15997-0433
Medical Insurances - CalPERS	1(888) 225-7377	www.calpers.ca.gov	
Anthem Blue Cross (HMO)	1(855) 839-4524	www.anthem.com/ca/calpers/HMO	
Blue Shield Access + (HMO)	1(800)334-5847	www.blueshildca.com/calpers	
Kaiser	1(800) 464-4000	www.kp.org/calpers	
PERS Platinum & PERS Gold (Anthem PPO)	1(877) 737-7776	www.anthem.com/ca/calpers	
UnitedHealthcare SignatureValue Alliance	1(877) 659-3714	https://www.whyuhc.com/calpers	
VSP Vision Service Plan		www.vsp.com	
- Certificated & Classified	1(800) 877-7195	12135474-0031	12135474-0033
- VSP Management		12135474-0012	12135474-0013
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