

*Be cautious that you have clicked the correct "sheet/tab" for the number of paychecks you receive*

## 2025 Medical Rates and Deductions for 11 Month Employees

MEDICAL PLANS	CaIPERS Jan 2024 to December 2024 RATES	CaIPERS Jan 2025 to Dec 2025 RATES	2024 Calendar MDUSD Coverage Rate	2025 MDUSD Coverage Rate based on current agreement/s	11 MONTH EMPLOYEES	
					2024 Deductions Remain the Same through end of November 2024 paycheck	*End of December 2024 to end of June 2025 paycheck for Jan. to Aug. coverage
<b>ANTHEM BLUE CROSS - Two (2) HMO Plans</b>						
Anthem Select HMO 1 Party	1,138.86	1,256.65	1021.41	1112.90	134.23	164.29
Anthem Select HMO 2 Party	2,277.72	2,513.30	2,042.82	2225.80	268.46	328.57
Anthem Select HMO Family	2,961.04	3,267.29	2,655.67	2893.54	348.99	427.14
Anthem Traditional HMO 1 Party	1,339.70	1,500.40	1021.41	1112.90	363.76	442.86
Anthem Traditional HMO 2 Party	2,679.40	3,000.80	2,042.82	2225.80	727.52	885.71
Anthem Traditional HMO Family	3,483.22	3,901.04	2,655.67	2893.54	945.77	1,151.43
<b>BLUE SHIELD - Two (2) HMO Plans</b>						
Access + HMO 1 Party	1,076.84	1,170.17	1021.41	1112.90	63.35	65.45
Access + HMO 2 Party	2,153.68	2,340.34	2,042.82	2,225.80	126.70	130.90
Access + HMO Family	2,799.78	3,042.44	2,655.67	2,893.54	164.70	170.17
<b>BLUE SHIELD TRIO HMO // ( New Plan ) //</b>						
Trio HMO 1 Party	N/A	1,134.79	N/A	1112.90	N/A	25.02
Trio HMO 2 Party	N/A	2,269.58	N/A	2,225.80	N/A	50.03
Trio HMO Family	N/A	2,950.45	N/A	2,893.54	N/A	65.04
<b>KAISER HMO</b>						
Kaiser 1 Party	1021.41	1112.9	1021.41	1112.90	0.00	0.00
Kaiser 2 Party	2,042.82	2,225.80	2,042.82	2,225.80	0.00	0.00
Kaiser Family	2,655.67	2,893.54	2,655.67	2,893.54	0.00	0.00
<b>BLUE SHIELD - PPO Plans</b>						
PERS Platinum PPO 1 Party	1,314.27	1,476.10	1021.41	1112.90	334.70	415.09
PERS Platinum PPO 2 Party	2,628.54	2,952.20	2,042.82	2225.80	669.39	830.17
PERS Platinum PPO Family	3,417.10	3,837.86	2,655.67	2893.54	870.21	1,079.22
PERS Gold PPO 1 Party	914.82	1013.70	1021.41	1112.90	0.00	0.00
PERS Gold PPO 2 Party	1,829.64	2,027.40	2,042.82	2225.80	0.00	0.00
PERS Gold PPO Family	2,378.53	2,635.62	2,655.67	2893.54	0.00	0.00

**UNITED HEALTHCARE SignatureValue Alliance HMO**

United Healthcare Sig Value Alliance 1 Party	1,091.13	1,184.58	1021.41	1112.90	79.68	81.92
United Healthcare Sig Value Alliance 2 Party	2,182.26	2,369.16	2,042.82	2,225.80	79.68	163.84
United Healthcare Sig Value Alliance Family	2,836.94	3,079.91	2,655.67	2,893.54	207.17	212.99

**UNITED HEALTHCARE Sig Value Harmony // ( New Plan ) //**

United Healthcare Sig Value Harmony 1 Part	N/A	1,005.02	N/A	1112.90	N/A	0.00
United Healthcare Sig Value Harmony 2 Part	N/A	2,010.04	N/A	2,225.80	N/A	0.00
United Healthcare Sig Value Harmony Family	N/A	2,613.05	N/A	2,893.54	N/A	0.00

Even for the plans available in Contra Costa County, it is your responsibility to contact your Physician / Medical provider to be sure the plan you choose is available to you.

**Some plans may not be available in every city within the county.**

As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.  
 In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code.

To be sure your desired medical plan and your Primary Care Physician (PCP) are available in your county, go to the CalPERS site <https://www.calpers.ca.gov/page/active-members/health->

Be sure to review the plans in the 2025 CalPERS Health Benefit Summary on the Staff Portal of the District website under Staff Portal/Benefits or at <https://mdusd.link/CalPERS2024BenefitsSummary>

***\*The 2025 CalPERS Rate minus the 2025 District Contribution x 8 months coverage (January through August) divided by 7 monthly deductions (end of December through end of June) is what you pay beginning with your end of December paycheck.***