

**(FMA) Management Health Benefits
JAN 1, 2025 - DEC 31, 2025 Rate Sheet**

CALPERS Monthly Premium - Bay Area Region 1								
	Anthem Select HMO	Anthem Traditional HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access+ HMO	United Health Alliance HMO	United Health Harmony HMO
Employee Only	\$1,256.65	\$1,500.40	\$1,112.90	\$1,476.10	\$1,013.70	\$1,170.17	\$1,184.58	\$1,005.02
Employee & 1 Dependent	\$2,513.30	\$3,000.80	\$2,225.80	\$2,952.20	\$2,027.40	\$2,340.34	\$2,369.16	\$2,010.04
Employee & 2+ Dependents (Family)	\$3,267.29	\$3,901.04	\$2,893.54	\$3,837.86	\$2,635.62	\$3,042.44	\$3,079.91	\$2,613.05

Employee's Monthly Contribution (MED + DENT + VIS)								
	Anthem Select HMO	Anthem Traditional HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO	United Health Alliance HMO	United Health Harmony HMO
Employee Only	\$141.66	\$385.41	\$0.00	\$361.11	\$0.00	\$55.18	\$69.59	\$0.00
Employee & 1 Dependent	\$1,398.31	\$1,885.81	\$1,110.81	\$1,837.21	\$912.41	\$1,225.35	\$1,254.17	\$895.05
Employee & 2+ Dependents (Family)	\$2,152.30	\$2,786.05	\$1,778.55	\$2,722.87	\$1,520.63	\$1,927.45	\$1,964.92	\$1,498.06

Employee's Monthly Contribution (MED + DENT, NO VIS)								
	Anthem Select HMO	Anthem Traditional HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO	United Health Alliance HMO	United Health Harmony HMO
Employee Only	\$111.17	\$354.92	\$0.00	\$330.62	\$0.00	\$24.69	\$39.10	\$67.63
Employee & 1 Dependent	\$1,367.82	\$1,855.32	\$1,080.32	\$1,806.72	\$881.92	\$1,194.86	\$1,223.68	\$864.56
Employee & 2+ Dependents (Family)	\$2,121.81	\$2,755.56	\$1,748.06	\$2,692.38	\$1,490.14	\$1,896.96	\$1,934.43	\$1,467.57

Employee's Monthly Contribution (MED + VIS, NO DENT)								
	Anthem Select HMO	Anthem Traditional HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO	United Health Alliance HMO	United Health Harmony HMO
Employee Only	\$20.09	\$263.84	\$0.00	\$239.54	\$0.00	\$0.00	\$0.00	\$0.00
Employee & 1 Dependent	\$1,276.74	\$1,764.24	\$989.24	\$1,715.64	\$790.84	\$1,103.78	\$1,132.60	\$773.48
Employee & 2+ Dependents (Family)	\$2,030.73	\$2,664.48	\$1,656.98	\$2,601.30	\$1,399.06	\$1,805.88	\$1,843.35	\$1,376.49

Employee's Monthly Contribution (MED ONLY)								
	Anthem Select HMO	Anthem Traditional HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO	United Health Alliance HMO	United Health Harmony HMO
Employee Only	\$0.00	\$233.35	\$0.00	\$209.05	\$0.00	\$0.00	\$0.00	\$0.00
Employee & 1 Dependent	\$1,246.25	\$1,733.75	\$958.75	\$1,685.15	\$760.35	\$1,073.29	\$1,102.11	\$742.99
Employee & 2+ Dependents (Family)	\$2,000.24	\$2,633.99	\$1,626.49	\$2,570.81	\$1,368.57	\$1,775.39	\$1,812.86	\$1,346.00

- * District pays \$1,267.05 CAP per month towards employee's medical, dental and vision premiums.
- If employee declines medical benefit, District will contribute \$1,267.05 per month towards employee's
- * Health Reimbursement Arrangement (HRA) Account through MidAmerica, less the cost of any Dental and/or Vision premiums.
- * 11-month Management employee portion for medical, dental & vision will double deduct on Jun to cover the July employee cost.