THE UNIVERSITY CORPORATION

Monthly Premium Rates Effective January 1, 2024- December 31, 2024

The University Corporation will contribute 85% of the gross monthly premium for medical coverage up to \$983.00 for employee only; \$1,890.00 for employee + 1 dependent; and \$2,366.00 for employee + 2 or more dependents.

REGION 2- Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura				
<u>Plan Name</u>	Employee Category	Gross Monthly Premium	Employee Monthly Premium	Employee Semi- monthly Deduction
	HMO Pla	ns		
Anthem Select	Empl. Only	\$807.71	\$121.16	\$60.58
	Empl. + 1 dep	\$1,615.42	\$242.30	\$121.15
	Empl. + 2 or more dep.	\$2,100.05	\$315.00	\$157.50
Anthem Traditional	Empl. Only	\$1,034.38	\$198.82	\$99.41
	Empl. + 1 dep	\$2,068.76	\$462.26	\$231.13
	Empl. + 2 or more dep.	\$2,689.39	\$678.28	\$339.14
Blue Shield Access+	Empl. Only	\$869.14	\$130.36	\$65.18
	Empl. + 1 dep	\$1,738.28	\$260.74	\$130.37
	Empl. + 2 or more dep.	\$2,259.76	\$338.96	\$169.48
Blue Shield Trio	Empl. Only	\$810.24	\$121.54	\$60.77
	Empl. + 1 dep	\$1,620.48	\$243.06	\$121.53
	Empl. + 2 or more dep.	\$2,106.62	\$315.98	\$157.99
Health Net Salud y Mas	Empl. Only	\$684.77	\$102.72	\$51.36
	Empl. + 1 dep	\$1,369.54	\$205.42	\$102.71
	Empl. + 2 or more dep.	\$1,780.40	\$267.06	\$133.53
Kaiser	Empl. Only	\$904.95	\$135.74	\$67.87
	Empl. + 1 dep	\$1,809.90	\$271.48	\$135.74
	Empl. + 2 or more dep.	\$2,352.87	\$352.92	\$176.46
Unitedhealthcare Alliance	Empl. Only	\$837.88	\$125.68	\$62.84
	Empl. + 1 dep	\$1,675.76	\$251.36	\$125.68
	Empl. + 2 or more dep.	\$2,178.49	\$326.76	\$163.38
	PPO Pla	ns		
PERS Gold (previously PERS Select)	Empl. Only	\$799.44	\$119.92	\$59.96
	Empl. + 1 dep	\$1,598.88	\$239.82	\$119.91
	Empl. + 2 or more dep.	\$2,078.54	\$311.78	\$155.89
PERS Platinum (previously PERS Choice/Care)	Empl. Only	\$1,151.50	\$315.94	\$157.97
	Empl. + 1 dep	\$2,303.00	\$696.50	\$348.25
	Empl. + 2 or more dep.	\$2,993.90	\$982.80	\$491.40