

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 3- Los Angeles, Riverside and San Bernardino				
<u>Plan Name</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi monthly Deduction</u>
HMO Plans				
Anthem Blue Cross Select	Empl. Only	\$841.13	\$126.16	\$63.08
	Empl. + 1 dep	\$1,682.26	\$252.34	\$126.17
	Empl. + 2 or more dep.	\$2,186.94	\$295.08	\$147.54
Anthem Blue Cross Traditional	Empl. Only	\$1,012.67	\$177.12	\$88.56
	Empl. + 1 dep	\$2,025.34	\$418.84	\$209.42
	Empl. + 2 or more dep.	\$2,632.94	\$621.84	\$310.92
Blue Shield Access+	Empl. Only	\$756.65	\$113.50	\$56.75
	Empl. + 1 dep	\$1,513.30	\$227.00	\$113.50
	Empl. + 2 or more dep.	\$1,967.29	\$295.08	\$147.54
Blue Shield Trio	Empl. Only	\$704.69	\$105.70	\$52.85
	Empl. + 1 dep	\$1,409.38	\$211.40	\$105.70
	Empl. + 2 or more dep.	\$1,832.19	\$274.82	\$137.41
Health Net Salud y Mas	Empl. Only	\$630.13	\$94.52	\$47.26
	Empl. + 1 dep	\$1,260.26	\$189.04	\$94.52
	Empl. + 2 or more dep.	\$1,638.34	\$245.74	\$122.87
Kaiser	Empl. Only	\$865.41	\$129.80	\$64.90
	Empl. + 1 dep	\$1,730.82	\$259.62	\$129.81
	Empl. + 2 or more dep.	\$2,250.07	\$337.50	\$168.75
Unitedhealthcare Alliance	Empl. Only	\$826.44	\$123.96	\$61.98
	Empl. + 1 dep	\$1,652.88	\$247.92	\$123.96
	Empl. + 2 or more dep.	\$2,148.74	\$322.30	\$161.15
PPO Plans				
PERS Gold (Previously PERS Select)	Empl. Only	\$785.28	\$117.78	\$58.89
	Empl. + 1 dep	\$1,570.56	\$235.58	\$117.79
	Empl. + 2 or more dep.	\$2,041.73	\$306.26	\$153.13
PERS Platinum (Previously PERS Choice/PERS Care)	Empl. Only	\$1,131.47	\$295.92	\$147.96
	Empl. + 1 dep	\$2,262.94	\$656.44	\$328.22
	Empl. + 2 or more dep.	\$2,941.82	\$930.72	\$465.36