

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 1- Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba				
<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 Select	Empl. Only	\$1,138.86	\$303.30	\$151.65
	Empl. + 1 dep	\$2,277.72	\$671.22	\$335.61
	Empl. + 2 or more dep.	\$2,961.04	\$949.94	\$474.97
Anthem Traditional	Empl. Only	\$1,339.70	\$504.14	\$252.07
	Empl. + 1 dep	\$2,679.40	\$1,072.90	\$536.45
	Empl. + 2 or more dep.	\$3,483.22	\$1,472.12	\$736.06
Blue Shield Access+	Empl. Only	\$1,076.84	\$241.28	\$120.64
	Empl. + 1 dep	\$2,153.68	\$547.18	\$273.59
	Empl. + 2 or more dep.	\$2,799.78	\$788.68	\$394.34
Kaiser	Empl. Only	\$1,021.41	\$185.86	\$92.93
	Empl. + 1 dep	\$2,042.82	\$436.32	\$218.16
	Empl. + 2 or more dep.	\$2,655.67	\$644.56	\$322.28
Unitedhealthcare Alliance	Empl. Only	\$1,091.13	\$255.58	\$127.79
	Empl. + 1 dep	\$2,182.26	\$575.76	\$287.88
	Empl. + 2 or more dep.	\$2,836.94	\$825.84	\$412.92
PPO Plans				
PERS Gold (previously PERS Select)	Empl. Only	\$914.82	\$137.22	\$68.61
	Empl. + 1 dep	\$1,829.64	\$274.44	\$137.22
	Empl. + 2 or more dep.	\$2,378.53	\$367.42	\$183.71
PERS Platinum (previously PERS Choice/Care)	Empl. Only	\$1,314.27	\$478.72	\$239.36
	Empl. + 1 dep	\$2,628.54	\$1,022.04	\$511.02
	Empl. + 2 or more dep.	\$3,417.10	\$1,406.00	\$703.00