

ROSS VALLEY SCHOOL DISTRICT
Health & Welfare Benefit Comparison 2024-2025

NEW RATES FOR 2024 - 2025

MEDICAL UNDER PERS HEALTH BENEFIT & DELTA DENTAL PPO	Monthly Amounts			% CHG	
	Employee Only	Employee + One	Employee + Two		
DELTA DENTAL PPO - Effective 10/1/2024 through 9/30/2025	61.13	122.27	177.31	-10.00%	
MEDICAL - Effective 1/1/2025 through 12/31/2025					
HMOs	Plan Code				
Anthem Blue Cross Traditional HMO	509	1,500.40	3,000.80	3,901.04	12.00%
Blue Shield Access+	525	1,170.17	2,340.34	3,042.44	8.67%
Kaiser HMO	533	1,112.90	2,225.80	2,893.54	8.96%
United Healthcare Signature Value Alliance	576	1,184.58	2,369.16	3,079.91	8.56%
Western Health Advantage	591	914.27	1,828.54	2,377.10	13.26%
PPOs					
PERS Gold Select (Blue Shield of California)	613	1,013.70	2,027.40	2,635.62	10.81%
PERS Platinum Choice (Blue Shield of California)	601	1,476.10	2,952.20	3,837.86	12.31%
INCOME PROTECTION PLAN (Mandatory)					
The Standard Group Disability	Sliding Scale	*See backside for rate scale			
Total Monthly with Kaiser & Delta Dental	1,174.03				

RATES FOR 2023 - 2024

MEDICAL UNDER PERS HEALTH BENEFIT & DELTA DENTAL PPO	Monthly Amounts			% CHG
	Employee Only	Employee + One	Employee + Two	
DELTA DENTAL PPO - Effective 10/1/2023 through 9/30/24	67.92	135.86	197.01	0.00%
MEDICAL - Effective 1/1/2024 through 12/31/2024				
HMOs				
Anthem Blue Cross Traditional HMO 509	1,339.70	2,679.40	3,483.22	10.65%
Blue Shield Access+ 525	1,076.84	2,153.68	2,799.78	4.02%
Kaiser HMO 533	1,021.41	2,042.82	2,655.67	11.78%
United Healthcare Signature Value Alliance 576	1,091.13	2,182.26	2,836.94	n/a
Western Health Advantage 591	807.23	1,614.46	2,098.80	6.19%
PPOs				
PERS Gold (Select) 648	914.82	1,829.64	2,378.53	10.81%
PERS Platinum (Choice) 657	1,314.27	2,628.54	3,417.10	9.51%
INCOME PROTECTION PLAN (Mandatory)				
The Standard Maximum Premium	Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental	1,089.33			

PLEASE NOTE:

Open Enrollment Dates for Medical: 9/16/24-10/11/24 There is **No** Open Enrollment for **Dental** Coverage

- Effective 1/1/24 District H&W Cap for Classified Employees: \$1,089.33/mo or \$13,071.96/yr plus Income Protection
- Effective 1/1/24 District H&W Cap for Certificated Employees: \$1,089.33/mo or \$13,071.96/yr plus Income Protection
- For all employees hired after 1/1/2001 - the Cap is prorated by FTE

For More Information:

- Anthem Blue Cross HMO Traditional - www.anthem.com/ca/calpers or (855) 839-4524
- Blue Shield Access+ HMO - blueshieldca.com/calpers (800) 334-5847
- Kaiser Permanente - www.kp.org/calpers or (800) 464-4000 or (800) 305-1220
- PERS Gold or Platinum (Anthem Blue Cross PPO) - www.anthem.com/ca/calpers or (877) 737-7776
- United Healthcare Signature Value Alliance - www.whyuhc.com/calpers or (877) 359-3714
- Western Health Advantage - www.westernhealth.com/calpers/plans-and-benefits/ or (888) 942-7377
- CalPERS information & publications - www.my.calpers.ca.gov or (888) 225-7377
- Health Benefits Summary - <https://www.calpers.ca.gov/docs/forms-publications/2024-health-benefit-summary.pdf>