

**ROSS VALLEY SCHOOL DISTRICT**  
**Health & Welfare Benefit Comparison 2025-2026**

**NEW RATES FOR 2025 - 2026**

MEDICAL UNDER PERS HEALTH BENEFIT & DELTA DENTAL PPO	Monthly Amounts			% CHG
	Employee Only	Employee + One	Employee + Two	
DELTA DENTAL PPO - Effective 10/1/2025 through 9/30/2026	55.02	110.05	159.58	-10.00%
MEDICAL - Effective 1/1/2026 through 12/31/2026				
<b>HMOs</b>				
Plan Code				
Anthem Blue Cross Traditional HMO 509	1,612.08	3,224.16	4,191.41	7.44%
Blue Shield Access+ 525	1,301.95	2,603.90	3,385.07	11.26%
Kaiser HMO 533	1,168.86	2,337.72	3,039.04	5.03%
United Healthcare Signature Value Alliance 576	1,290.06	2,580.12	3,354.16	8.90%
Western Health Advantage 591	969.58	1,939.16	2,520.91	6.05%
<b>PPOs</b>				
PERS Gold Select (Blue Shield of California) 648	1,120.58	2,241.16	2,913.51	10.54%
PERS Platinum Choice (Blue Shield of California) 657	1,670.14	3,340.28	4,342.36	13.15%
<b>INCOME PROTECTION PLAN (Mandatory)</b>				
The Standard Group Disability	Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental	1,223.88			

**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 9/30/25	61.13	122.27	177.31	0.00%
MEDICAL - Effective 1/1/2025 through 12/31/2025				
<b>HMOs</b>				
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%
<b>PPOs</b>				
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%
<b>INCOME PROTECTION PLAN (Mandatory)</b>				
The Standard Maximum Premium	Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental	1,174.03			

**PLEASE NOTE:**

**Open Enrollment Dates for Medical: 9/15/25-10/10/25    There is No Open Enrollment for Dental Coverage**

- Effective 1/1/25 District H&W Cap for Classified Employees: \$1,174.03/mo or \$14,088.36/yr plus Income Protection
- Effective 1/1/25 District H&W Cap for Certificated Employees: \$1,174.03/mo or \$14,088.36/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](http://www.anthem.com/ca/calpers) or (855) 839-4524
- Blue Shield Access+ HMO - [blueshieldca.com/calpers](http://blueshieldca.com/calpers) (800) 334-5847
- Kaiser Permanente - [www.kp.org/calpers](http://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](http://www.anthem.com/ca/calpers) or (877) 737-7776
- United Healthcare Signature Value Alliance - [www.whyuhc.com/calpers](http://www.whyuhc.com/calpers) or (877) 359-3714
- Western Health Advantage - [www.westernhealth.com/calpers/plans-and-benefits/](http://www.westernhealth.com/calpers/plans-and-benefits/) or (888) 942-7377
- CalPERS information & publications - [www.my.calpers.ca.gov](http://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>