

2025 HEALTH INSURANCE PREMIUM RATES
IAFF, SEIU & MCE RATES EFFECTIVE 01/01/2025

Payroll changes take effect 12/1/2024

1) CCSD pays 85% of full-time employees and dependent's(s) premiums. **(PERS Gold is the district's selected "2025 lowest cost plan.")**

The Employer portion is made up of 2 components:

1a) Employer contributes the state minimum towards health care premiums (In 2025, this amount is: \$158.00).

1b) Employer contributes an additional amount over state minimum to bring its contribution to 85% of lowest cost plan.

2) Employee pays 15% of employees and dependent's(s) premiums (PERS Gold is the "2025 lowest cost plan.")

The Employee payment is made up of 2 components:

2a) Employee pays 15% of health care premiums

2b) If Employee selects a plan with a higher premium than the current year PERS Gold premium amount, then the employee pays full differential cost of premium.

	Plan Code	Total Monthly Premium	EmploYER Monthly Portion	EmploYER Bi-Weekly Portion	EmploYEE	
					Monthly Portion	Bi-Weekly Portion
ANTHEM BLUE CROSS TRADITIONAL HMO						
Employee Only	510	1,110.97	735.04	367.52	375.93	187.97
Emp. & 1 dep.	510	2,221.94	1,470.08	735.04	751.87	375.93
Emp. & 2+ deps.	510	2,888.52	1,911.10	955.55	977.42	488.71
*BLUE SHIELD ACCESS+ HMO						
Employee Only	526	948.53	735.04	367.52	213.49	106.75
Emp. & 1 dep.	526	1,897.06	1,470.08	735.04	426.99	213.49
Emp. & 2+ deps.	526	2,466.18	1,911.10	955.55	555.08	277.54
BLUE SHIELD TRIO HMO						
Employee Only	088	909.10	735.04	367.52	174.06	87.03
Emp. & 1 dep.	088	1,818.20	1,470.08	735.04	348.13	174.06
Emp. & 2+ deps.	088	2,363.66	1,911.10	955.55	452.56	226.28
PERS GOLD						
Employee Only	649	864.75	735.04	367.52	129.71	64.86
Emp. & 1 dep.	649	1,729.50	1,470.08	735.04	259.43	129.71
Emp. & 2+ deps.	649	2,248.35	1,911.10	955.55	337.25	168.63
PERS PLATINUM						
Employee Only	658	1,258.76	735.04	367.52	523.72	261.86
Emp. & 1 dep.	658	2,517.52	1,470.08	735.04	1,047.45	523.72
Emp. & 2+ deps.	658	3,272.78	1,911.10	955.55	1,361.68	680.84
UNITED HEALTHCARE HMO						
Employee Only	577	890.66	735.04	367.52	155.62	77.81
Emp. & 1 dep.	577	1,781.32	1,470.08	735.04	311.25	155.62
Emp. & 2+ deps.	577	2,315.72	1,911.10	955.55	404.62	202.31

*Blue Shield Access+HMO is also known as Blue Shield of CA HMO

