

**CSEA #326 PARA EDUCATORS OR PERSONAL ASSISTANTS**  
**ANTHEM BLUE CROSS**  
**3 - TIERED MONTHLY RATES**  
**2024 - 2025**

		DISTRICT CAP Health			DISTRICT CAP Dental			DISTRICT CAP Vision		
EE ONLY		\$829.91			\$61.67			\$14.80		
EE + 1		\$1,225.91			\$111.66			\$14.80		
EE + FAM		\$1,477.91			\$160.56			\$14.80		
3- TIER RATES	PLANS	HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	12 MO. RATE	11 MO. RATE	
			PAYS		PAYS		PAYS	EMPLOYEE TOTAL	EMPLOYEE TOTAL	
Other GROUP Insurance Opt Out w/Premium		\$504.00	(\$325.91)	\$52.68	(\$8.99)	\$13.08	(\$1.72)	(\$336.62)	(367.22)	
Other GROUP Insurance Opt Out w/Premium		\$504.00	(\$325.91)	\$95.42	(\$16.24)	\$24.29	\$9.49	(\$332.66)	(362.90)	
Other GROUP Insurance Opt Out w/Premium		\$504.00	(\$325.91)	\$137.16	(\$23.40)	\$37.41	\$22.61	(\$326.70)	(356.40)	
Tricare/MediCal/Sub Cov CA Opt Out NO Premium		\$0.00	(\$829.91)	\$52.68	(\$8.99)	\$13.08	(\$1.72)	(\$840.62)	(917.04)	
Tricare/MediCal/Sub Cov CA Opt Out NO Premium		\$0.00	(\$829.91)	\$95.42	(\$16.24)	\$24.29	\$9.49	(\$836.66)	(912.72)	
Tricare/MediCal/Sub Cov CA Opt Out NO Premium		\$0.00	(\$829.91)	\$137.16	(\$23.40)	\$37.41	\$22.61	(\$830.70)	(906.22)	
EMPLOYEE ONLY	PLAN 1/ RX A	\$1,477.00	\$647.09	\$52.68	(\$8.99)	\$13.08	(\$1.72)	\$636.38	\$694.23	
EMPLOYEE + 1	PLAN 1/ RX A	\$2,541.00	\$1,315.09	\$95.42	(\$16.24)	\$24.29	\$9.49	\$1,308.34	\$1,427.28	
EMPLOYEE + FAM	PLAN 1/ RX A	\$3,206.00	\$1,728.09	\$137.16	(\$23.40)	\$37.41	\$22.61	\$1,727.30	\$1,884.33	
EMPLOYEE ONLY	PLAN 4/ RX A	\$1,315.00	\$485.09	\$52.68	(\$8.99)	\$13.08	(\$1.72)	\$474.38	\$517.51	
EMPLOYEE + 1	PLAN 4/ RX A	\$2,262.00	\$1,036.09	\$95.42	(16.24)	\$24.29	\$9.49	\$1,029.34	\$1,122.92	
EMPLOYEE + FAM	PLAN 4/ RX A	\$2,854.00	\$1,376.09	\$137.16	(23.40)	\$37.41	\$22.61	\$1,375.30	\$1,500.33	
EMPLOYEE ONLY	PLAN 6/ RX B	\$1,206.00	\$376.09	\$52.68	(8.99)	\$13.08	(\$1.72)	\$365.38	\$398.60	
EMPLOYEE + 1	PLAN 6/ RX B	\$2,075.00	\$849.09	\$95.42	(16.24)	\$24.29	\$9.49	\$842.34	\$918.92	
EMPLOYEE + FAM	PLAN 6/ RX B	\$2,618.00	\$1,140.09	\$137.16	(23.40)	\$37.41	\$22.61	\$1,139.30	\$1,242.87	
EMPLOYEE ONLY	CVT BRONZE PLAN	\$672.00	(\$157.91)	\$52.68	(8.99)	\$13.08	(\$1.72)	(\$168.62)	(\$183.95)	
EMPLOYEE + 1	CVT BRONZE PLAN	\$1,157.00	(\$68.91)	\$95.42	(16.24)	\$24.29	\$9.49	(\$75.66)	(\$82.54)	
EMPLOYEE + FAM	CVT BRONZE PLAN	\$1,459.00	(\$18.91)	\$137.16	(23.40)	\$37.41	\$22.61	(\$19.70)	(\$21.49)	

EFFECTIVE 10/1/2024