

**CERTIFICATED
ANTHEM BLUE CROSS
&
KAISER
COMPOSITE MONTHLY RATES
2024-2025**

	DISTRICT CAP Health \$949.26		DISTRICT CAP Dental \$121.70		DISTRICT CAP Vision \$29.04		C12 12 CHECKS	C11 11 CHECKS
PLANS	HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	EMPLOYEE	EMPLOYEE
		PAYS		PAYS		PAYS	TOTAL	TOTAL
Opt Out W/Premium-Other Qualified Group Coverage	\$902.00	(\$47.26)	\$121.70	\$0.00	\$29.04	\$0.00	(\$47.26)	(\$51.56)
Opt Out NO Premium-TriCare/MediCal/Sub. Covered CA	\$0.00	(\$949.26)	\$121.70	\$0.00	\$29.04	\$0.00	(\$949.26)	(\$1,035.56)
PLAN 1/ RX A	\$2,639.00	\$1,689.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,689.74	\$1,843.35
PLAN 4/ RX A	\$2,350.00	\$1,400.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,400.74	\$1,528.08
PLAN 6/ RX B	\$2,155.00	\$1,205.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,205.74	\$1,315.35
PLAN 8/ RX C	\$1,926.00	\$976.74	\$121.70	\$0.00	\$29.04	\$0.00	\$976.74	\$1,065.53
WELLNESS 1 /RX C	\$2,177.00	\$1,227.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,227.74	\$1,339.35
HDHP-2 NO RX	\$1,319.00	\$369.74	\$121.70	\$0.00	\$29.04	\$0.00	\$369.74	\$403.35
CVT BRONZE PLAN	\$1,201.00	\$251.74	\$121.70	\$0.00	\$29.04	\$0.00	\$251.74	\$274.63
KAISER PLAN 1 W/RX	\$2,647.00	\$1,697.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,697.74	\$1,852.08
KAISER PLAN 4 W/RX	\$2,526.00	\$1,576.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,576.74	\$1,720.08
KAISER PLAN 6 W/RX	\$2,534.00	\$1,584.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,584.74	\$1,728.81
KAISER PLAN 8 W/RX	\$2,181.00	\$1,231.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,231.74	\$1,343.72
KAISER WELLNESS W/RX	\$2,069.00	\$1,119.74	\$121.70	\$0.00	\$29.04	\$0.00	\$1,119.74	\$1,221.53

EFFECTIVE 10/1/2024