

**SAN LEANDRO UNIFIED SCHOOL DISTRICT**  
**Monthly Premium Rate Sheet 2024**

		<u>EMP ONLY</u>	<u>EMP+ 1 DEP</u>	<u>EMP+ 2 OR MORE</u>
<b>Dental Plans SLTA</b>				
Delta Dental PPO		58.80	120.90	174.30
Delta Care USA		20.10	32.70	48.10
<b>Dental Plans MGMT, T/T &amp; CSEA</b>				
Delta Dental PPO	MGMT, T/T & CSEA	70.60	125.40	175.40
Delta Care USA	MGMT, T/T & CSEA	20.10	32.70	48.10
<b>Vision Plan</b>				
VSP		12.53	19.47	30.88
<b>CalPERS Health Plans Rates Effective 1/1/2024</b>				
<b>HMO Plans</b>				
Kaiser		1021.41	2042.82	2655.67
Anthem Select HMO		1138.86	2277.72	2961.04
Anthem Traditional HMO		1339.70	2679.40	3483.22
Blue Shield Access+ HMO		1076.84	2153.68	2799.78
United Healthcare Signature Value Alliance		1091.13	2182.26	2836.94
<b>PPO Plans</b>				
PERS Platinum		1314.27	2628.54	3417.10
PERS Gold		914.82	1829.64	2378.53
<b>TEAMSTER Health Plan</b>				
(Incl. Medical, Dental & Vision)	<b>CLOSED</b>	2158.51	2158.51	2158.51

**PLEASE NOTE:**

All Premium amounts are monthly and based on 12 checks, depending on your pay cycle, premiums may be inflated to cover summer months

**Fringe:**

CSEA \$5755.68 for 12 month employees

Teamster/Trades \$5755.68 for 12 month employees

\* Fringe amount will be prorated for unit members who work less than 12 months