

**San Leandro Unified School District  
Monthly Premium Rate Sheet  
2025**

		<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 1/1/2025</b>				
<b>HMO Plans</b>				
Kaiser		1112.90	2225.80	2893.54
Anthem Select HMO		1265.65	2513.30	3267.29
Anthem Traditional HMO		1500.40	3000.80	3901.04
Blue Shield Access+ HMO		1170.17	2340.34	3042.44
United Healthcare Signature Value Alliance		1184.58	2369.16	3079.91
United Healthcare Signature Value Harmony		1005.02	2010.04	2613.05
<b>PPO Plans</b>				
PERS Platinum		1476.10	2952.20	3837.86
PERS Gold		1013.70	2027.40	2635.62
<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