

**2024 - 2025 RATES AT A GLANCE
CERTIFICATED EMPLOYEES**

GRANDFATHERED EMPLOYEES

ACTIVE EMPLOYEES (Hired before 01/01/2012) October through July deductions (10 deductions)

PLAN	RATES PER PAYCHECK			
	FULL TIME	6 HRS	5 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$572.12	\$905.05	\$1,237.73	\$1,570.66
Blue Shield PPO	\$1,035.32	\$1,368.25	\$1,700.93	\$2,033.86
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$5.91	\$11.82	\$17.73
Delta PPO	\$0.00	\$21.08	\$42.14	\$63.22

HEADSTART EMPLOYEES (Hired on or before 06/30/2006) October through June deductions (9 deductions)

PLAN	RATES PER PAYCHECK			
	FULL TIME	6 HRS	5 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$635.69	\$1,005.61	\$1,375.26	\$1,745.17
Blue Shield PPO	\$1,150.36	\$1,520.27	\$1,889.93	\$2,259.84
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$6.57	\$13.13	\$19.70
Delta PPO	\$0.00	\$23.42	\$46.82	\$70.24

NON-GRANDFATHERED EMPLOYEES

ACTIVE EMPLOYEES (Hired on or after 01/01/2012) October through July deductions (10 deductions)

PLAN	RATES PER PAYCHECK			
	FULL TIME	6 HRS	5 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$243.54	\$486.91	\$730.45
Blue Shield Trio ACO HMO	\$0.00	\$191.75	\$383.37	\$575.13
Blue Shield Tandem PPO	\$572.12	\$905.05	\$1,237.73	\$1,570.66
Blue Shield PPO	\$1,035.32	\$1,368.25	\$1,700.93	\$2,033.86
Kaiser Plan 6	\$0.00	\$332.92	\$665.61	\$998.53
Kaiser Plan 12	\$0.00	\$281.55	\$562.90	\$844.45
DeltaCare USA HMO	\$0.00	\$5.91	\$11.82	\$17.73
Delta PPO	\$0.00	\$21.08	\$42.14	\$63.22

HEADSTART EMPLOYEES (Hired after 06/30/2006) October through June deductions (9 deductions)

PLAN	RATES PER PAYCHECK			
	FULL TIME	6 HRS	5 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$270.60	\$541.01	\$811.61
Blue Shield Trio ACO HMO	\$0.00	\$213.06	\$425.97	\$639.03
Blue Shield Tandem PPO	\$635.69	\$1,005.61	\$1,375.26	\$1,745.17
Blue Shield PPO	\$1,150.36	\$1,520.27	\$1,889.93	\$2,259.84
Kaiser Plan 6	\$0.00	\$369.91	\$739.57	\$1,109.48
Kaiser Plan 12	\$0.00	\$312.83	\$625.44	\$938.27
DeltaCare USA HMO	\$0.00	\$6.57	\$13.13	\$19.70
Delta PPO	\$0.00	\$23.42	\$46.82	\$70.24

CLASSIFIED EMPLOYEES

GRANDFATHERED EMPLOYEES (Hired on or before 06/30/2006)													
ACTIVE EMPLOYEES September through June deductions (20 deductions)													
PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$286.06	\$327.65	\$369.23	\$410.82	\$452.52	\$494.11	\$535.69	\$577.28	\$618.87	\$660.45	\$702.04	\$743.74	\$785.33
Blue Shield PPO	\$517.66	\$559.25	\$600.83	\$642.42	\$684.12	\$725.71	\$767.29	\$808.88	\$850.47	\$892.05	\$933.64	\$975.34	\$1,016.93
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12 (Management Only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$0.74	\$1.48	\$2.22	\$2.96	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.39	\$8.13	\$8.86
Delta PPO	\$0.00	\$2.63	\$5.27	\$7.90	\$10.54	\$13.17	\$15.81	\$18.44	\$21.07	\$23.70	\$26.34	\$28.98	\$31.61
HEADSTART EMPLOYEES / BUS DRIVERS & TRANSPORTATION ASSISTANTS September through May deductions (18 deductions)													
PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$317.85	\$364.05	\$410.26	\$456.47	\$502.80	\$549.01	\$595.22	\$641.42	\$687.63	\$733.84	\$780.04	\$826.38	\$872.59
Blue Shield PPO	\$575.18	\$621.39	\$667.59	\$713.80	\$760.14	\$806.34	\$852.55	\$898.76	\$944.96	\$991.17	\$1,037.38	\$1,083.71	\$1,129.92
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12 (Management Only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$0.82	\$1.64	\$2.46	\$3.28	\$4.10	\$4.92	\$5.75	\$6.57	\$7.39	\$8.21	\$9.03	\$9.85
Delta PPO	\$0.00	\$2.93	\$5.85	\$8.78	\$11.71	\$14.64	\$17.56	\$20.49	\$23.41	\$26.34	\$29.26	\$32.20	\$35.12
NON-GRANDFATHERED EMPLOYEES (Hired after 06/30/2006)													
ACTIVE EMPLOYEES September through June deductions (20 deductions)													
PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$30.42	\$60.84	\$91.26	\$121.77	\$152.19	\$182.61	\$213.03	\$243.46	\$273.88	\$304.30	\$334.81	\$365.23
Blue Shield Trio ACO HMO	\$0.00	\$23.95	\$47.90	\$71.86	\$95.88	\$119.83	\$143.78	\$167.73	\$191.69	\$215.64	\$239.59	\$263.61	\$287.56
Blue Shield Tandem PPO	\$286.06	\$327.65	\$369.23	\$410.82	\$452.52	\$494.11	\$535.69	\$577.28	\$618.87	\$660.45	\$702.04	\$743.74	\$785.33
Blue Shield PPO	\$517.66	\$559.25	\$600.83	\$642.42	\$684.12	\$725.71	\$767.29	\$808.88	\$850.47	\$892.05	\$933.64	\$975.34	\$1,016.93
Kaiser Plan 6	\$0.00	\$41.59	\$83.17	\$124.76	\$166.46	\$208.05	\$249.63	\$291.22	\$332.81	\$374.39	\$415.98	\$457.68	\$499.27
Kaiser Plan 12 (Management Only)	\$0.00	\$35.17	\$70.34	\$105.51	\$140.77	\$175.94	\$211.11	\$246.28	\$281.45	\$316.62	\$351.79	\$387.05	\$422.22
DeltaCare USA HMO	\$0.00	\$0.74	\$1.48	\$2.22	\$2.96	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.39	\$8.13	\$8.86
Delta PPO	\$0.00	\$2.63	\$5.27	\$7.90	\$10.54	\$13.17	\$15.81	\$18.44	\$21.07	\$23.70	\$26.34	\$28.98	\$31.61
HEADSTART EMPLOYEES / BUS DRIVERS & TRANSPORTATION ASSISTANTS September through May deductions (18 deductions)													
PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$33.80	\$67.60	\$101.40	\$135.30	\$169.10	\$202.90	\$236.71	\$270.51	\$304.31	\$338.11	\$372.01	\$405.81
Blue Shield Trio ACO HMO	\$0.00	\$26.61	\$53.23	\$79.84	\$106.53	\$133.14	\$159.76	\$186.37	\$212.99	\$239.60	\$266.21	\$292.90	\$319.52
Blue Shield Tandem PPO	\$317.85	\$364.05	\$410.26	\$456.47	\$502.80	\$549.01	\$595.22	\$641.42	\$687.63	\$733.84	\$780.04	\$826.38	\$872.59
Blue Shield PPO	\$575.18	\$621.39	\$667.59	\$713.80	\$760.14	\$806.34	\$852.55	\$898.76	\$944.96	\$991.17	\$1,037.38	\$1,083.71	\$1,129.92
Kaiser Plan 6	\$0.00	\$46.21	\$92.41	\$138.62	\$184.96	\$231.16	\$277.37	\$323.58	\$369.78	\$415.99	\$462.20	\$508.53	\$554.74
Kaiser Plan 12 (Management Only)	\$0.00	\$39.08	\$78.15	\$117.23	\$156.42	\$195.49	\$234.57	\$273.65	\$312.72	\$351.80	\$390.87	\$430.06	\$469.14
DeltaCare USA HMO	\$0.00	\$0.82	\$1.64	\$2.46	\$3.28	\$4.10	\$4.92	\$5.75	\$6.57	\$7.39	\$8.21	\$9.03	\$9.85
Delta PPO	\$0.00	\$2.93	\$5.85	\$8.78	\$11.71	\$14.64	\$17.56	\$20.49	\$23.41	\$26.34	\$29.26	\$32.20	\$35.12