

THE UNIVERSITY CORPORATION

Monthly Premium Rates Effective January 1, 2025- December 31, 2025

The University Corporation will contribute 85% of the gross monthly premium for medical coverage up to \$1,060.00 for employee only; \$2,039.00 for employee + 1 dependent; and \$2,551.00 for employee + 2 or more dependents.

REGION 3- Los Angeles, Riverside and San Bernardino				
<u>Plan Name</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
HMO Plans				
Anthem Blue Cross Select	Empl. Only	\$916.88	\$137.52	\$68.76
	Empl. + 1 dep	\$1,833.76	\$275.05	\$137.53
	Empl. + 2 or more dep.	\$2,383.89	\$357.57	\$178.79
Anthem Blue Cross Traditional	Empl. Only	\$1,065.46	\$164.46	\$82.23
	Empl. + 1 dep	\$2,130.92	\$397.77	\$198.89
	Empl. + 2 or more dep.	\$2,770.20	\$601.85	\$300.93
Blue Shield Access+	Empl. Only	\$828.48	\$124.26	\$62.13
	Empl. + 1 dep	\$1,656.96	\$248.53	\$124.27
	Empl. + 2 or more dep.	\$2,154.05	\$323.10	\$161.55
Blue Shield Trio	Empl. Only	\$738.11	\$110.72	\$55.36
	Empl. + 1 dep	\$1,476.22	\$221.43	\$110.72
	Empl. + 2 or more dep.	\$1,919.09	\$287.86	\$143.93
Health Net Salud y Mas	Empl. Only	\$714.40	\$107.16	\$53.58
	Empl. + 1 dep	\$1,428.80	\$214.32	\$107.16
	Empl. + 2 or more dep.	\$1,857.44	\$278.62	\$139.31
Kaiser	Empl. Only	\$926.52	\$138.98	\$69.49
	Empl. + 1 dep	\$1,853.04	\$277.96	\$138.98
	Empl. + 2 or more dep.	\$2,408.95	\$361.34	\$180.67
Unitedhealthcare Alliance	Empl. Only	\$866.40	\$129.96	\$64.98
	Empl. + 1 dep	\$1,732.80	\$259.92	\$129.96
	Empl. + 2 or more dep.	\$2,252.64	\$337.90	\$168.95
PPO Plans				
PERS Gold	Empl. Only	\$868.15	\$130.22	\$65.11
	Empl. + 1 dep	\$1,736.30	\$260.44	\$130.22
	Empl. + 2 or more dep.	\$2,257.19	\$338.58	\$169.29
PERS Platinum	Empl. Only	\$1,263.73	\$362.72	\$181.36
	Empl. + 1 dep	\$2,527.46	\$794.31	\$397.16
	Empl. + 2 or more dep.	\$3,285.70	\$1,117.35	\$558.68