

*Benefits Administration
Los Angeles Unified School District*

2024 Rates - AB528

(All rates are without the 2% COBRA administration charge)

Note: These rates are effective January 1, 2024 and will be updated for January 1, 2025

Medical Plans	Under 65		65 and Over			
	Single Coverage	Member + 1	Single Coverage	Member + 1	Single Coverage	Member + 1
			With Medicare A and B		With Medicare B only	
Kaiser	1,664.82	3,329.64	224.49	448.98	535.14	1,070.28
Health Net ¹	1,888.78	3,777.59	358.01	716.02	N/A	N/A
*Anthem HMO Select in CA ²	1,043.63	2,087.25	N/A	N/A	N/A	N/A
*Anthem EPO E3 in CA ³	1,669.78	3,339.56	N/A	N/A	N/A	N/A
*Anthem EPO E3 Out of CA - Under 65 ³	1,669.78	3,339.56	N/A	N/A	N/A	N/A
*Anthem EPO E3 In CA and Out of CA - Over 65 ³	N/A	N/A	1,248.30	2,496.60	1,426.78	2,853.57
Dental Plans	Premium same for under and over 65					
	Single Coverage			Member + 1		
Aetna Dental PPO	50.79			96.91		
Delta Dental HMO	14.39			27.65		
Western Dental HMO	11.03			21.41		
Vision Plans	Premium same for under and over 65					
	Single Coverage			Member + 1		
VSP Select Network	3.53			7.08		
EyeMed Vision Care	4.22			7.97		

¹ In order to enroll in the Health Net Plan, members must have Medicare Parts A and B

² Includes Capitation and estimated claims cost (including hearing aid benefit)

³ Includes estimated claims cost (including hearing aid benefit)

*All Anthem premiums include prescription and mental health benefits costs

NOTE: We are providing tiered COBRA rates as requested by the District and provided by the Carriers.