

Benefits Administration
Los Angeles Unified School District
2024 Rates - COBRA Actives

(All rates are WITH the 2% COBRA administration charge)

Medical Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
Kaiser	705.81	1,411.63	1,997.46
Health Net	907.65	1,951.45	2,677.56
*Anthem HMO Select in California ¹	710.31	1,420.61	2,130.92
*Anthem EPO E3 in California ²	886.50	1,772.99	2,659.50
*Anthem EPO E3 Outside of California ²	886.50	1,772.99	2,659.50
Dental Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
Aetna Dental PPO	71.47	137.88	244.47
Delta Dental HMO	14.84	28.53	45.64
Western Dental HMO	11.25	21.83	30.70
Vision Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
VSP Select Network	3.65	7.30	11.74
EyeMed Vision Care	4.30	8.12	11.94

¹ Includes Capitation and estimated claims cost (including hearing aid benefit)

² 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.