

*Benefits Administration  
Los Angeles Unified School District*

**2024 Rates - CAL COBRA Actives**

(All rates are WITH the applicable CAL COBRA administration charges<sup>1</sup>)

Medical Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
Kaiser	693.98	1,385.96	1,960.30
Health Net	978.85	2,104.51	2,887.57
*Anthem HMO Select in California <sup>2</sup>	710.31	1,420.61	2,130.92
*Anthem EPO E3 in California <sup>3</sup>	886.50	1,772.99	2,659.50
*Anthem EPO E3 Outside of California <sup>3</sup>	886.50	1,772.99	2,659.50

<sup>1</sup> CAL COBRA administration charges are \$2.00 for Kaiser, 10% for Health Net, and 2% for Anthem plans through WageWorks

<sup>2</sup> Includes Capitation and estimated claims cost (including hearing aid benefit)

<sup>3</sup> 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.**