

*Benefits Administration
Los Angeles Unified School District*

2025 Rates - AB528

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

Note: These rates are effective January 1, 2025 and will be updated for January 1, 2026

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	1,743.40	3,486.80	236.21	472.42	546.81	1,093.62
Health Net ¹	1,987.94	3,975.91	372.29	744.58	N/A	N/A
*Anthem HMO Select in CA ²	1,118.10	2,236.19	N/A	N/A	N/A	N/A
*Anthem EPO E3 in CA ³	2,172.32	4,344.64	N/A	N/A	N/A	N/A
*Anthem EPO E3 Out of CA - Under 65 ³	2,172.32	4,344.64	N/A	N/A	N/A	N/A
*Anthem EPO E3 In CA and Out of CA - Over 65 ³	N/A	N/A	1,129.63	2,259.26	1,261.61	2,523.22
Dental Plans	Premium same for under and over 65					
	Single Coverage		Member + 1			
Aetna Dental PPO	51.30		97.87			
Delta Dental HMO	14.82		28.48			
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.