

**SOLANO COUNTY OFFICE OF EDUCATION MEDICAL RATES  
CalPERS REGION 1 2024**

	Monthly Rates	CSEA		SCEA/MGMT		PEU	
	Employee Only	Employer	Employee	Employer	Employee	Employer	Employee
*Anthem Blue Cross Select	\$1,138.86	\$1,022.00	\$116.86	\$1,022.00	\$116.86	\$1,022.00	\$116.86
Anthem Blue Cross Traditional	\$1,339.70	\$1,022.00	\$317.70	\$1,022.00	\$317.70	\$1,022.00	\$317.70
Blue Shield Access+	\$1,076.84	\$1,022.00	\$54.84	\$1,022.00	\$54.84	\$1,022.00	\$54.84
*Blue Shield Trio	\$946.84	\$1,022.00	\$0.00	\$1,022.00	\$0.00	\$1,022.00	\$0.00
Kaiser Permanente	\$1,021.41	\$1,022.00	\$0.00	\$1,022.00	\$0.00	\$1,022.00	\$0.00
PERS Gold (PPO)	\$914.82	\$1,022.00	\$0.00	\$1,022.00	\$0.00	\$1,022.00	\$0.00
PERS Platinum (PPO)	\$1,314.27	\$1,022.00	\$292.27	\$1,022.00	\$292.27	\$1,022.00	\$292.27
UnitedHealth SignatureValue Alliance	\$1,091.13	\$1,022.00	\$69.13	\$1,022.00	\$69.13	\$1,022.00	\$69.13
Western Health Advantage	\$807.23	\$1,022.00	\$0.00	\$1,022.00	\$0.00	\$1,022.00	\$0.00

	Subscriber + 1	CSEA		SCEA/MGMT		PEU	
		Employer	Employee	Employer	Employee	Employer	Employee
*Anthem Blue Cross Select	\$2,277.72	\$1,097.00	\$1,180.72	\$1,097.00	\$1,180.72	\$1,022.00	\$1,255.72
Anthem Blue Cross Traditional	\$2,679.40	\$1,097.00	\$1,582.40	\$1,097.00	\$1,582.40	\$1,022.00	\$1,657.40
Blue Shield Access+	\$2,153.68	\$1,097.00	\$1,056.68	\$1,097.00	\$1,056.68	\$1,022.00	\$1,131.68
*Blue Shield Trio	\$1,893.68	\$1,097.00	\$796.68	\$1,097.00	\$796.68	\$1,022.00	\$871.68
Kaiser Permanente	\$2,042.82	\$1,097.00	\$945.82	\$1,097.00	\$945.82	\$1,022.00	\$1,020.82
PERS Gold (PPO)	\$1,829.64	\$1,097.00	\$732.64	\$1,097.00	\$732.64	\$1,022.00	\$807.64
PERS Platinum (PPO)	\$2,628.54	\$1,097.00	\$1,531.54	\$1,097.00	\$1,531.54	\$1,022.00	\$1,606.54
UnitedHealth SignatureValue Alliance	\$2,182.26	\$1,097.00	\$1,085.26	\$1,097.00	\$1,085.26	\$1,022.00	\$1,160.26
Western Health Advantage	\$1,614.46	\$1,097.00	\$517.46	\$1,097.00	\$517.46	\$1,022.00	\$592.46

	Family	CSEA		SCEA/MGMT		PEU	
		Employer	Employee	Employer	Employee	Employer	Employee
*Anthem Blue Cross Select	\$2,961.04	\$1,197.00	\$1,764.04	\$1,197.00	\$1,764.04	\$1,047.00	\$1,914.04
Anthem Blue Cross Traditional	\$3,483.22	\$1,197.00	\$2,286.22	\$1,197.00	\$2,286.22	\$1,047.00	\$2,436.22
Blue Shield Access+	\$2,799.78	\$1,197.00	\$1,602.78	\$1,197.00	\$1,602.78	\$1,047.00	\$1,752.78
*Blue Shield Trio	\$2,461.78	\$1,197.00	\$1,264.78	\$1,197.00	\$1,264.78	\$1,047.00	\$1,414.78
Kaiser Permanente	\$2,655.67	\$1,197.00	\$1,458.67	\$1,197.00	\$1,458.67	\$1,047.00	\$1,608.67
PERS Gold (PPO)	\$2,378.53	\$1,197.00	\$1,181.53	\$1,197.00	\$1,181.53	\$1,047.00	\$1,331.53
PERS Platinum (PPO)	\$3,417.10	\$1,197.00	\$2,220.10	\$1,197.00	\$2,220.10	\$1,047.00	\$2,370.10
UnitedHealth SignatureValue Alliance	\$2,836.94	\$1,197.00	\$1,639.94	\$1,197.00	\$1,639.94	\$1,047.00	\$1,789.94
Western Health Advantage	\$2,098.80	\$1,197.00	\$901.80	\$1,197.00	\$901.80	\$1,047.00	\$1,051.80

**BENEFIT CAP RANGES**

7 HOUR POSITION (MIN 20 HRS PER WEEK)					8 HOUR POSITION (MIN 20 HRS PER WEEK)				
Hours per Day	FTE FROM	FTE TO	BENEFIT FTE		Hours per Day	FTE FROM	FTE TO	BENEFIT FTE	
4	0.51740	0.64279	66.66667%		4	0.50000	0.56249	66.66667%	
4.5	0.64280	0.71419	75.00000%		4.5	0.56250	0.62499	75.00000%	
5	0.71420	0.78569	83.33333%		5	0.62500	0.68749	83.33333%	
5.5	0.78570	0.85709	91.66667%		5.5	0.68750	0.74999	91.66667%	
6	0.85710	1.00000	100.00000%		6	0.75000	1.00000	100.00000%	

\*Plans with asterisk are not available in Solano County. Refer to [www.calpers.ca.gov](http://www.calpers.ca.gov) to search by zip code.

Dental - Employer paid	All Units	\$103.80			
Vision - Employer paid	CSEA, SCEA, PEU	\$24.71	MGMT	\$27.58	
Cap changes effective with March 2024 payroll for April benefits.					