



Santa Monica Community College District

Office of Human Resources

2024 Premium Rates – Active Employees

Effective Date: January 1, 2024 – December 31, 2024

CaIPERS MEDICAL PLANS (REGION 3: Los Angeles, Riverside, & San Bernardino)						
Academic Administrators, Board of Trustees, Classified Employees, Classified Managers, Confidential Employees, Full-time Faculty, Personnel Commissioners, & Police Officers						
Plan Name		Coverage Level	Plan Code	Monthly Rate	Tenthly Rate	Tenthly EE Contribution
P P O P L A N S	PERS Platinum	Single	6031	\$1,131.47	\$1,357.76	\$0.00
		Two-Party	6032	\$2,262.94	\$2,715.53	\$0.00
		Family	6033	\$2,941.82	\$3,530.18	\$0.00
	PERS Gold	Single	6151	\$785.28	\$942.34	\$0.00
		Two-Party	6152	\$1,570.56	\$1,884.67	\$0.00
		Family	6153	\$2,041.73	\$2,450.08	\$0.00
H M O P L A N S	Anthem Blue Cross Select	Single	5081	\$841.13	\$1,009.36	\$0.00
		Two-Party	5082	\$1,682.26	\$2,018.71	\$0.00
		Family	5083	\$2,186.94	\$2,624.33	\$0.00
	Anthem Blue Cross Traditional	Single	5111	\$1,012.67	\$1,215.20	\$0.00
		Two-Party	5112	\$2,025.34	\$2,430.41	\$0.00
		Family	5113	\$2,632.94	\$3,159.53	\$0.00
	Blue Shield Access Plus	Single	5271	\$756.65	\$907.98	\$0.00
		Two-Party	5272	\$1,513.30	\$1,815.96	\$0.00
		Family	5273	\$1,967.29	\$2,360.75	\$0.00
	Blue Shield Trio	Single	4521	\$704.69	\$845.63	\$0.00
		Two-Party	4522	\$1,409.38	\$1,691.26	\$0.00
		Family	4523	\$1,832.19	\$2,198.63	\$0.00
	Health Net Salud y Más	Single	5321	\$630.13	\$756.16	\$0.00
		Two-Party	5322	\$1,260.26	\$1,512.31	\$0.00
		Family	5323	\$1,638.34	\$1,966.01	\$0.00
	Kaiser Permanente CA	Single	5351	\$865.41	\$1,038.49	\$0.00
		Two-Party	5352	\$1,730.82	\$2,076.98	\$0.00
		Family	5353	\$2,250.07	\$2,700.08	\$0.00
United HealthCare Alliance	Single	5781	\$826.44	\$991.73	\$0.00	
	Two-Party	5782	\$1,652.88	\$1,983.46	\$0.00	
	Family	5783	\$2,148.74	\$2,578.49	\$0.00	
United HealthCare Signature Harmony	Single	4751	\$734.76	\$881.71	\$0.00	
	Two-Party	4752	\$1,469.52	\$1,763.42	\$0.00	
	Family	4753	\$1,910.38	\$2,292.46	\$0.00	

- Full-time Employees (35+ hrs/wk), the District pays 100% of the medical premium for the employee and eligible dependents.
- Part-time Employees (20-34 hrs/wk) and Full-time Faculty working a reduced full-time load, the District contributes a pro-rated amount towards the employee and eligible dependents medical coverage based on the employee's Full-time Equivalency.



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Non-PERS MEDICAL PLAN - KAISER PERMANENTE					
Adjunct Faculty & Project Managers					
Coverage Level	Monthly Rate	Tenthly Rate	Tenthly EE Contribution	Eighthly Rate	Eighthly EE Contribution
Single	\$1,047.99	\$1,257.59	--	\$1,571.99	--
Two-Party	\$2,095.98	\$2,515.18	--	\$3,143.97	\$1,571.98
Family	\$2,965.79	\$3,558.95	--	\$4,448.69	\$2,876.70
<ul style="list-style-type: none"> Project Managers - The District pays 100% of the premium for medical coverage for employees/dependents. Project Managers working 20-34 hrs/wk, the District contributes a pro-rated amount towards the employee and eligible dependents medical coverage based on the employee's Full-time Equivalency. Adjunct Faculty – The District pays 100% of premiums for single-level medical coverage only. Medical coverage for eligible dependents can be purchased. Adjunct Faculty- Eighthly Rate and Project Managers – Tenthly Rate 					

DELTA DENTAL PLAN		
Plan Name	Composite Tenthly Rate	Composite Eighthly Rate
Delta Dental - PPO	\$134.64	\$168.30
Delta Care USA - HMO	\$45.45	\$56.81
<ul style="list-style-type: none"> Classified Employees, Classified Managers, Confidential Employees, Academic Administrators, Full-time Faculty, & Project Managers, the District pays 100% of the dental premium for the employee and eligible dependents. Classified Employees, Classified Managers, Confidential Employees, Academic Administrator, & Project Managers working 20-34 hrs/wk and Full-time Faculty working a reduced full-time load, the District contributes a pro-rated amount towards the employee and eligible dependents dental coverage based on the employee's Full-time Equivalency. Adjunct Faculty can purchase dental coverage for the employee and eligible dependents (Eighthly Rate). 		

VSP VISION PLAN		
Coverage Level	Tenthly Rate	Eighthly Rate
Single	\$14.65	\$18.31
Two-Party	\$23.47	\$29.34
Family	\$33.34	\$41.68
<ul style="list-style-type: none"> Classified Employees, Classified Managers, Confidential Employees, Academic Administrators, & Full-time Faculty, the District pays 100% of the vision premium for the employee and eligible dependents. Classified Employees, Classified Managers, Confidential Employees, & Academic Administrators working 20-34 hrs/wk and Full-time Faculty working a reduced full-time load, the District contributes a pro-rated amount towards the employee and eligible dependents vision coverage based on the employee's Full-time Equivalency. Adjunct Faculty can purchase vision coverage for the employee and eligible dependents (Eighthly Rate). 		

Important:

- Employees who contribute towards the cost of their health care coverage will have their premium contributions deducted from their paycheck on a pre-tax basis. Employees may waive the pre-tax option by completing the **Pre-Tax Health Premium Waiver Form**.
- If a deduction is missed due to insufficient earnings, it is still the employee's responsibility to ensure that their premium payment is received in order to avoid cancellation of coverage.