SAN LEANDRO UNIFIED SCHOOL DISTRICT
Monthly Premium Rate Sheet 2025

		EMP ONLY	EMP+ 1 DEP	EMP+ 2 OR MORE
Dental Plans SLTA				
Delta Dental PPO		**58.80**	**120.90**	**174.30**
Delta Care USA		**20.10**	**32.70**	**48.10**
Dental Plans MGMT, T/T & CSEA				
Delta Dental PPO	**MGMT, T/T &CSEA**	**70.60**	**125.40**	**175.40**
Delta Care USA	**MGMT,T/T&CSEA**	**20.10**	**32.70**	**48.10**
Vision Plan				
VSP		**12.53**	**19.47**	**30.88**
CalPERS Health Plans Rates Effective 1/1/2025				
HMO Plans				
Kaiser		**1112.90**	**2225.80**	**2893.54**
Anthem Select HMO		**1265.65**	**2513.30**	**3267.29**
Anthem Traditional HMO		**1500.40**	**3000.80**	**3901.04**
Blue Shield Access+ HMO		**1170.17**	**2340.34**	**3042.44**
United Healthcare Signature Value Alliance		**1184.58**	**2369.16**	**3079.91**
United Healthcare Signature Value Harmony		**1005.02**	**2010.04**	**2613.05**
PPO Plans				
PERS Platinum		**1476.10**	**2952.20**	**3837.86**
PERS Gold		**1013.70**	**2027.40**	**2635.62**

PLEASE NOTE:
All Premium amounts are monthly and based on 12 checks, depending on your pay cycle, premiums may be inflated to cover summer months

Fringe:

CSEA	$5755.68 for 12 month employees
Teamsters	$5755.68 for 12 month employees
Trades	$5755.68 for 12 month employees

* Fringe amount will be prorated for unit members who work less than 12 months