

FULL TIME

**2024 Benefit Rates**  
**24 Pay Period Deduction**  
 SOMMA  
 Effective 1/1/2024

<b>DELTA DENTAL BASIC</b>	
SINGLE	\$ 17.95
TWO	\$ 35.35
FAMILY	\$ 56.20

<b>*DELTA DENTAL UPGRADE</b>	
SINGLE	\$ 8.75
TWO	\$ 17.20
FAMILY	\$ 27.60

<b>VSP BASIC VISION</b>	
SINGLE	\$ 8.64
TWO	\$ 8.64
FAMILY	\$ 8.64

<b>*VSP VISION UPGRADE</b>	
SINGLE	\$ 2.75
TWO	\$ 2.75
FAMILY	\$ 2.75

\*Note: if you wish to add upgrade to your dental and/or vision plan, you will combine the basic and upgrade costs together

<b>PORAC PLAN COSTS/ALLOWANCE</b>			
	<b>PORAC PLAN ALLOWANCE</b>		<b>PART TIME PORAC PLAN ALLOWANCE</b>
PLAN-SINGLE	\$ 440.00		\$ 5.50 per hour
PLAN-TWO	\$ 899.00		\$ 11.24 per hour
PLAN-FAMILY	\$ 1,131.00		\$ 14.14 per hour

Cal PERS 2024 Premiums (24 Pay Periods) for Contracting Agencies Region 1						
Plan	Employee Only	Plan Code	Employee + 1	Plan Code	Employee + 2	Plan Code
PORAC-Blue Cross	\$465.50	5921	\$1,058.50	5922	\$1,325.50	5923

<b>ALL OTHER PLAN COSTS/ALLOWANCE</b>			
	<b>ALL OTHERS PLAN ALLOWANCE</b>		<b>PART TIME ALL OTHERS PLAN ALLOWANCE</b>
PLAN-SINGLE	\$ 451.00		\$ 5.64 per hour
PLAN-TWO	\$ 947.50		\$ 11.84 per hour
PLAN-FAMILY	\$ 1,233.00		\$ 15.41 per hour

Cal PERS 2024 Premiums (24 Pay Periods) for Contracting Agencies Region 1						
PLAN	Employee Only	Plan Code	Employee + 1	Plan Code	Employee + 2	Plan Code
Anthem Blue Cross Select HMO	\$ 569.43	5061	\$ 1,138.86	5062	\$ 1,480.52	5063
Anthem Blue Cross Traditional HMO	\$ 669.85	5091	\$ 1,339.70	5092	\$ 1,741.61	5093
Blue Shield Access+	\$ 538.42	5251	\$ 1,076.84	5252	\$ 1,399.89	5253
Kaiser	\$ 510.71	5331	\$ 1,021.41	5332	\$ 1,327.84	5333
PERS Gold	\$ 457.41	6131	\$ 914.82	6132	\$ 1,189.27	6133
PERS Platinum	\$ 657.14	6011	\$ 1,314.27	6012	\$ 1,708.55	6013

<b>DECLINING COVERAGE</b>	Full-Time	Part-Time
\$ 200.00	\$ 200.00	\$ 2.50 per hour

Allowance includes CalPERS Contribution