

*Benefits Administration  
Los Angeles Unified School District*

**2024 Rates - COBRA Retiree**

(All rates are WITH the 2% COBRA administration charge)

**Note: These rates are effective January 1, 2024 and will be updated for January 1, 2025**

| Medical Plans  | Under 65                                  |           |                 | 65 and Over     |           |                 |
|--|---|-----------|-----------------|-----------------|-----------|-----------------|
|  | Single Coverage                           | Member +1 | Family Coverage | Single Coverage | Member +1 | Family Coverage |
| Kaiser   | 1,033.12                                  | 2,066.25  | 2,923.74        | 1               | 1         | 1               |
| Health Net   | 1,167.54                                  | 2,510.20  | 3,444.25        |                 |           |                 |
| Health Net Medicare Advantage <sup>2</sup>                       |   |           |                 | N/A             | N/A       | N/A             |
| *Anthem HMO Select in CA <sup>3</sup>                            | 1,064.50                                  | 2,128.99  | 3,193.50        |                 |           |                 |
| *Anthem EPO E3 in CA - Under 65 <sup>4</sup>                     | 1,703.17                                  | 3,406.35  | 5,109.52        |                 |           |                 |
| *Anthem EPO E3 Out of CA - Under 65 <sup>4</sup>                 | 1,703.17                                  | 3,406.35  | 5,109.52        |                 |           |                 |
| *Anthem EPO E3 In CA and Out of CA - Over 65 <sup>4</sup>        |   |           |                 | 1,273.26        | 2,546.53  | 3,819.78        |
| *Anthem Preferred PPO In CA and Out of CA - Over 65 <sup>5</sup> |   |           |                 | N/A             | N/A       | N/A             |
| Dental Plans   | <b>Premium same for under and over 65</b> |           |                 |                 |           |                 |
|  | Single Coverage                           | Member +1 | Family Coverage |                 |           |                 |
| Aetna Dental PPO   | 71.47                                     | 137.88    | 244.47          |                 |           |                 |
| Delta Dental HMO   | 14.67                                     | 28.20     | 45.12           |                 |           |                 |
| Western Dental HMO   | 11.25                                     | 21.83     | 30.70           |                 |           |                 |
| Vision Plans   | <b>Premium same for under and over 65</b> |           |                 |                 |           |                 |
|  | Single Coverage                           | Member +1 | Family Coverage |                 |           |                 |
| VSP Select Network   | 3.65                                      | 7.30      | 11.74           |                 |           |                 |
| EyeMed Vision Care   | 4.30                                      | 8.12      | 11.94           |                 |           |                 |

<sup>1</sup> Per Kaiser, rates at age 65 and over vary depending on the enrollees individual circumstance (i.e. under/over 65 at enrollment, Medicare eligible at enrollment, etc.)

<sup>2</sup> Per Health Net, Medicare Advantage "COBRA" rate is not provided because it is not appropriate.

<sup>3</sup> Includes Capitation and estimated claims cost (including hearing aid benefit)

<sup>4</sup> Includes estimated claims cost (including hearing aid benefit)

<sup>5</sup> Preferred PPO "COBRA" rate is not provided because it is not applicable.

\*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.**