

NEWHALL SCHOOL DISTRICT
HEALTH & WELFARE RATES FOR 2025
EFFECTIVE 1/1/25 – 12/31/25
MONTHLY PREMIUM PAYMENTS

VENDOR	SINGLE	TWO PARTY	FAMILY
Anthem Blue Cross Select HMO	\$ 916.88	\$1,833.76	\$2,383.89
Anthem Blue Cross Traditional HMO	\$1,065.46	\$2,130.92	\$2,770.20
Blue Shield Access+ HMO	\$ 828.48	\$1,656.96	\$2,154.05
Blue Shield Trio HMO	\$ 738.11	\$1,476.22	\$1,919.09
Health Net Salud y Mas ¹	\$ 714.40	\$1,428.80	\$1,857.44
Kaiser HMO	\$ 926.52	\$1,853.04	\$2,408.95
UnitedHealthcare Alliance HMO	\$ 866.40	\$1,732.80	\$2,252.64
UnitedHealthcare Harmony HMO	\$ 756.28	\$1,512.56	\$1,966.33
PERS Gold PPO	\$ 868.15	\$1,736.30	\$2,257.19
PERS Platinum PPO	\$1,263.73	\$2,527.46	\$3,285.70
Delta Dental	\$ 46.42	\$ 95.02	\$135.55
EyeMed Vision	\$ 9.94	\$ 18.85	\$ 27.68
Lincoln National Life	District paid		

12 month employee

Fringe Benefit Cap NTA & NESP = \$1,083.34

Cash in Lieu = \$183.34

Employee cost per month = Monthly premium(s) – Fringe benefit cap

¹This plan requires a home address south of Santa Clarita

1/1/25