

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	\$1,000.23	\$2,000.46	\$2,600.60
Anthem Blue Cross Traditional HMO	\$1,162.32	\$2,324.64	\$3,022.03
Blue Shield Access+ HMO	\$ 903.79	\$1,807.59	\$2,349.87
Blue Shield Trio HMO	\$ 805.21	\$1,610.42	\$ 2,093.55
Health Net Salud y Mas <sup>1</sup> HMO	\$ 779.34	\$1,558.69	\$2,026.29
Kaiser HMO	\$1,010.75	\$2,021.50	\$2,627.94
UnitedHealthcare Alliance HMO	\$ 945.16	\$1,890.33	\$2,457.42
UnitedHealthcare Harmony HMO	\$ 825.03	\$1,650.06	\$2,145.08
PERS Gold PPO	\$ 947.07	\$1,894.14	\$2,462.39
PERS Platinum PPO	\$1,378.61	\$2,757.23	\$3,584.40
Delta Dental	\$ 50.64	\$103.66	\$147.87
EyeMed Vision	\$ 10.84	\$ 20.56	\$ 30.20
Lincoln National Life	District paid		

11 month employee

Fringe Benefit Cap NESP & Preschool Instructor = \$1,181.82\*

Cash in Lieu = \$200.00\*

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

<sup>1</sup> This plan requires a home address south of Santa Clarita

\*Amount will be pro-rated for employees working part-time

1/1/25