

**CALIFORNIA'S VALUED TRUST
 CERTIFICATED MONTHLY COMPOSITE RATES
 EFFECTIVE OCT 1, 2024 - SEP 30, 2025**

| | MEDICAL MONTHLY PREMIUM | DENTAL MONTHLY PREMIUM | VISION MONTHLY PREMIUM | TOTAL MONTHLY PREMIUMS | DISTRICT MONTHLY CONTRIBUTION | (185 days) 11/11AR PAY EMPLOYEE MONTHLY COST | (189-195 days) 12 PAY EMPLOYEE MONTHLY COST |
|------------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------------|--|---|
| Anthem PPO 3, Rx B | 2505.00 | 85.35 | 16.18 | 2606.53 | 1166.66 | 1570.77 | 1439.87 |
| Anthem PPO 7, Rx B | 2205.00 | 85.35 | 16.18 | 2306.53 | 1166.66 | 1243.49 | 1139.87 |
| Anthem PPO 9, Rx B | 1810.00 | 85.35 | 16.18 | 1911.53 | 1166.66 | 812.59 | 744.87 |
| Anthem PPO Bronze | 1241.00 | 85.35 | 16.18 | 1342.53 | 1166.66 | 191.86 | 175.87 |
| Anthem PPO Wellness, Rx C | 2245.00 | 85.35 | 16.18 | 2346.53 | 1166.66 | 1287.13 | 1179.87 |
| Anthem HDHP2 (HSA eligible) | 1362.00 | 85.35 | 16.18 | 1463.53 | 1166.66 | 323.86 | 296.87 |
| Anthem HDHP3 (HSA eligible) | 1144.00 | 85.35 | 16.18 | 1245.53 | 1166.66 | 86.04 | 78.87 |

No dental or vision premium changes from 23/24 plan year. See comments in plan descriptions for medical premium change details.