

CERTIFICATED

ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION

Rates shown are tenthly payroll deduction amounts taken from October through July paychecks

COVERAGE EFFECTIVE: OCTOBER 1, 2024 - SEPTEMBER 30, 2025

PENDING NEGOTIATIONS & BOARD APPROVAL

PENDING NEGOTIATIONS & BOARD APPROVAL										
BENEFIT PLANS	EMPLOYEE DEDUCTIONS							DISTRICT CONTRIBUTION FOR FULL TIME EMPLOYEES	Monthly Premium Per Member Paid to Insurance Company	
	Rates shown are tenthly payroll deduction amounts taken from October through July paychecks									
	Employment Percentage	100%	90%	80%	70%	60%	50%			40%
Plan Group #:	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	10thly rate		
Blue Shield - PPO										
715170P011000 Single	397.93	462.18	526.42	590.68	654.92	719.16	783.42	642.47	994.80	
715170P011000 Two-Party	874.32	1,006.72	1,139.14	1,271.54	1,403.96	1,536.36	1,668.76	1324.08	2,097.60	
715170P011000 Family	1,263.52	1,442.68	1,621.86	1,801.02	1,980.20	2,159.36	2,338.52	1791.68	2,914.80	
Blue Shield- MEC9000 (NEW PLAN)										
715170P021000 Single	0.00	58.44	116.88	175.32	233.76	292.20	350.64	584.40	584.40	
715170P021000 Two-Party	0.00	121.68	243.36	365.04	486.72	608.40	730.08	1216.80	1,216.80	
715170P021000 Family	0.00	168.00	336.00	504.00	672.00	840.00	1,008.00	1680.00	1,680.00	
Blue Shield- HMO										
715171H011000 Single	336.73	400.98	465.22	529.48	593.72	657.96	722.22	642.47	928.80	
715171H011000 Two-Party	759.12	891.52	1,023.94	1,156.34	1,288.76	1,421.16	1,553.56	1324.08	1,977.60	
715171H011000 Family	1,109.92	1,289.08	1,468.26	1,647.42	1,826.60	2,005.76	2,184.92	1791.68	2,754.00	
Blue Shield - Local Access Plan										
715171H031000 Single	165.15	229.38	293.62	357.88	422.12	486.36	550.62	642.47	772.80	
715171H031000 Two-Party	372.72	505.12	637.54	769.94	902.36	1,034.76	1,167.16	1324.08	1,620.00	
715171H031000 Family	560.32	739.48	918.66	1,097.82	1,277.00	1,456.16	1,635.32	1791.68	2,246.40	
Blue Shield - Trio										
715171H051000 Single	144.75	208.98	273.22	337.48	401.72	465.96	530.22	642.47	752.40	
715171H051000 Two-Party	325.92	458.32	590.74	723.14	855.56	987.96	1,120.36	1324.08	1,574.40	
715171H051000 Family	494.32	673.48	852.66	1,031.82	1,211.00	1,390.16	1,569.32	1791.68	2,182.80	
KAISER										
234480-0093ABN Single	186.73	250.98	315.22	379.48	443.72	507.96	572.22	642.47	792.00	
234480-0093ABN Two-Party	415.92	548.32	680.74	813.14	945.56	1,077.96	1,210.36	1324.08	1,663.20	
234480-0093ABN Family	619.12	798.28	977.46	1,156.62	1,335.80	1,514.96	1,694.12	1791.68	2,305.20	
KAISER - Deductible Plan										
234480-0094ABN Single	128.40	191.04	253.68	316.32	378.96	441.60	504.24	626.40	722.40	
234480-0094ABN Two-Party	268.80	400.44	532.08	663.72	795.36	927.00	1,058.64	1316.40	1,516.80	
234480-0094ABN Family	404.32	583.48	762.66	941.82	1,121.00	1,300.16	1,479.32	1791.68	2,101.20	
Delta Dental - PPO Plan	(w/Adult & Child Orthodontia @ \$2,000 Lifetime Max)									
7079 5000 Single	0.00	6.44	12.86	19.30	25.72	32.16	38.60	64.32	64.32	
7079 5000 Two-Party	2.52	15.58	28.66	41.72	54.80	67.86	80.92	130.68	133.20	
7079 5000 Family	21.36	39.28	57.22	75.14	93.08	111.00	128.92	179.28	200.64	
Delta Dental- HMO Plan										
71691 00088 Single	3.04	6.86	10.68	14.50	18.32	22.14	25.94	38.18	41.22	
71691 00088 Two-Party	3.04	6.86	10.68	14.50	18.32	22.14	25.94	38.18	41.22	
71691 00088 Family	3.04	6.86	10.68	14.50	18.32	22.14	25.94	38.18	41.22	
VISION SERVICE PLAN										
3032972A Single	6.36	7.18	8.00	8.80	9.62	10.44	11.26	8.16	14.52	
3032972A Two-Party	12.72	14.36	15.98	17.62	19.24	20.88	22.52	16.32	29.04	
3032972A Family	19.08	21.52	23.98	26.42	28.88	31.32	33.76	24.48	43.56	
LIFE INSURANCE										
Mgmt & Confidential Employee (50K)	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	4.55	4.55	
Certificated & Classified Employee (25K)	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	2.28	2.28	
Dependents (1K)	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	0.06	0.06	
LONG TERM DISABILITY										
Certificated/Classified	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	10.21	10.21	