

2023 - 2024



To: Certificated Employees
RE: Health Insurance

The rates for health, dental and vision insurance have been adjusted for this year. Please see the schedule below as this reflects the new rates you will be paying effective October 1, 2023-September 30, 2024.

You MUST choose one of the following plans.

PLAN 1A	PLAN 3A	PLAN 5B	PLAN 7C	NO CHANGE
\$ 619.05 []	\$ 474.95 []	\$ 382.55 []	\$ 234.05 []	[]
HDHP 1	WELLNESS 1C	KAISER 3	KAISER 7	BRONZE
No Cost []	\$ 285.75 []	\$ 517.85 []	\$ 303.35 []	No Cost []

NOTE: If selecting a KAISER plan, please contact me to check if your zipcode is eligible for the plan.

I, the undersigned, choose the plan indicated above. I understand that the amount shown will be deducted from my monthly paycheck.

Signature _____ XXX-XX-_____
SS Last 4 digits

Print Name _____ Date _____

NOTE: The Emergency Room Co-pay has changed \$100-Emergent or \$175 Non- Emergent; it is waived if admitted to the hospital.

10/1/2023 - 09/30/2024

	<u>Plan 1A</u>	<u>Plan 3A</u>	<u>Plan 5B</u>	<u>Plan 7C</u>	
Health	\$ 1,719.00	\$ 1,588.00	\$ 1,504.00	\$ 1,369.00	
Dental	\$ 121.70	\$ 121.70	\$ 121.70	\$ 121.70	
Vision - C/\$10	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	
Total	\$ 1,858.77	\$ 1,727.77	\$ 1,643.77	\$ 1,508.77	
CAP	\$ (1,240.00)	\$ (1,240.00)	\$ (1,240.00)	\$ (1,240.00)	
Temp. CAP Expires 10/2024	\$ (56.00)	\$ (56.00)	\$ (56.00)	\$ (56.00)	
	\$ 562.77	\$ 431.77	\$ 347.77	\$ 212.77	
Summer Health	\$ 56.28	\$ 43.18	\$ 34.78	\$ 21.28	
Employee Pays:	\$ 619.05	\$ 474.95	\$ 382.55	\$ 234.05	
	<u>HDHP 1</u>	<u>WELL 1C</u>	<u>KAISER 3</u>	<u>KAISER 7</u>	<u>BRONZE</u>
Health	\$ 953.00	\$ 1,416.00	\$ 1,627.00	\$ 1,432.00	\$ 789.00
Dental	\$ 121.70	\$ 121.70	\$ 121.70	\$ 121.70	\$ 121.70
Vision Plan B- C/\$10	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
Total	\$ 1,092.77	\$ 1,555.77	\$ 1,766.77	\$ 1,571.77	\$ 928.77
CAP	\$ (1,240.00)	\$ (1,240.00)	\$ (1,240.00)	\$ (1,240.00)	\$ (1,240.00)
Temp. CAP Expires 10/2024	\$ (56.00)	\$ (56.00)	\$ (56.00)	\$ (56.00)	
	\$ -	\$ 259.77	\$ 470.77	\$ 275.77	
Summer Health	\$ -	\$ 25.98	\$ 47.08	\$ 27.58	\$ -
Employee Pays	No Cost	\$ 285.75	\$ 517.85	\$ 303.35	No Cost