

2023 - 2024



To: Confidential-Classified Management

RE: Health Insurance

The rates for health, dental, vision, and life 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.

Plan 1B	Plan 3B	Plan 6B	Plan 10B	Kaiser 1	Bronze	NO CHANGE	Opt-Out
\$ 631.38	\$ 500.38	\$ 318.38	No Cost	\$ 702.38	No Cost	[]	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

Print Name

Date

XXX-XX-_____
SS Last 4 digits

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 1B</u>	<u>Plan 3B</u>	<u>Plan 6B</u>	<u>Plan 10B</u>	<u>Kaiser 1</u>	<u>Bronze</u>	<u>Opt-Out</u>
Medical	\$ 1,712.00	\$ 1,581.00	\$ 1,399.00	\$ 979.00	\$ 1,783.00	\$ 789.00	\$ 631.00
Dental - Basic / Ortho \$2,000	\$ 144.32	\$ 144.32	\$ 144.32	\$ 144.32	\$ 144.32	\$ 144.32	\$ 144.32
Vision - C/\$15	\$ 20.26	\$ 20.26	\$ 20.26	\$ 20.26	\$ 20.26	\$ 20.26	\$ 20.26
Life Ins.	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20
Total	\$ 1,881.78	\$ 1,750.78	\$ 1,568.78	\$ 1,148.78	\$ 1,952.78	\$ 958.78	\$ 800.78
CAP	\$ 1,245.20	\$ 1,245.20	\$ 1,245.20	\$ 1,245.20	\$ 1,245.20	\$ 1,245.20	\$ 1,245.20
District paid life ins.	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20
Employee Pays	\$ 631.38	\$ 500.38	\$ 318.38	No Cost	\$ 702.38	No Cost	No Cost