AN	ANTHEM				KAISER				Dental	VSP Vision	VSP Vision
January 1, 2024 - December 31, 2024											
Certificated Employee Health Benefits Rates											
Hueneme Elementary School District											

	ANTHEM					KAISER		Annual District		Dental	VSP Vision	VSP Vision				
	Monthly Deduction (11 months)					Monthly Deduction (11 months)					HSA Contribution for		Monthly Deduction (11 months)			
	Indemnity IV PPO	Indemnity IV PPO	CDPH PP0 90	CDPH PP0 90		HMO 30	HMO 30	CDPH HMO 1600	CDPH HMO 1600	CDPH Plans			Delta	VSP Base	VSP Premium	
	1/1/24- 6/30/24	7/1/24 - 12/31/24*	1/1/24- 6/30/24	7/1/24 - 12/31/24		1/1/24- 6/30/24	7/1/24 - 12/31/24	1/1/24- 6/30/24	7/1/24 - 12/31/24	(Anthem or Kaiser)		r)				
FTE																
100%	\$0.00	\$146.20	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00		\$4,150.00		\$0.00	\$0.00	\$22.65	
90%	\$150.70	\$328.69	\$118.14	\$141.77		\$142.78	\$171.34	\$113.12	\$135.74		\$3,735.00		\$12.47	\$1.62	\$24.27	
80%	\$301.40	\$511.19	\$236.28	\$283.54		\$285.56	\$342.67	\$226.23	\$271.48		\$3,320.00		\$24.94	\$3.25	\$25.90	
70%	\$452.10	\$693.68	\$354.42	\$425.31		\$428.34	\$514.01	\$339.35	\$407.21		\$2,905.00		\$37.41	\$4.87	\$27.52	
60%	\$602.80	\$876.18	\$472.56	\$567.08		\$571.12	\$685.35	\$452.46	\$542.95		\$2,490.00		\$49.89	\$6.49	\$29.14	
50%	\$753.50	\$1,058.68	\$590.71	\$708.85		\$713.91	\$856.69	\$565.58	\$678.69		\$2,075.00		\$62.36	\$8.12	\$30.77	
40%	\$904.20	\$1,241.17	\$708.85	\$850.62		\$856.69	\$1,028.02	\$678.69	\$814.43		\$1,660.00		\$74.83	\$9.74	\$32.39	
20%	\$1,205.60	\$1,606.17	\$945.13	\$1,134.15		\$1,142.25	\$1,370.70	\$904.92	\$1,085.90		\$830.00	П	\$99.77	\$12.99	\$35.64	
*Monthly payroll deduction is based on current negotiated district contribution, this is subject to change pending future negotiations																
There is no payroll deduction during the month of July.																