



SALIDA UNION SCHOOL DISTRICT

Health Benefit Premium Rate Sheet October 1, 2023 to September 30, 2024

New rates will be effective October 1, 2023

New premiums will be deducted beginning with the September 30, 2023 paycheck.

*What are my benefits?
How much am I entitled to?*

- ✓ Benefit coverage for eligible employees include medical, dental and vision benefits for certificated, management, supervisory, and classified employees.
- ✓ \$6,360.00 annual district paid limit (\$530.00 per month)
- ✓ CSEA Union members only
- ✓ \$6,860.00 annual district paid limit (\$571.67 per month)
- ✓ Medical options include: 1 HMO plan; 2 PPO plans; 2 HSA plans and 1 2-Tier HSA plan.
- ✓ Dental options include: Delta Dental - Premier or Preferred Plan
- ✓ Vision coverage: Vision Service Plan

MEDICAL OPTIONS

HMO Plan

- Under an HMO plan you must select a primary care physician and all medical services are coordinated through this primary care physician.
- Primary care physician must authorize emergency treatment.
- In life threatening emergencies you or a relative must contact primary care physician within 24 hours of treatment for authorization.
- Co-payment for office visits.
- Co-payment for prescriptions.

Kaiser HMO	Employee	\$ 955.00 mo.
	Employee +1	\$ 1,873.00 mo.
	Family	\$ 2,627.00 mo.

CO-PAY **Office Visit**-Physician Visit-\$30.00 co-pay per visit, Specialist \$30.00 co-pay per visit
Prescription-\$10.00 co-pay Generic and \$30.00 co-pay Brand

PPO/HSA/2 TIER HSA PLANS

- PPO/HSA/2 Tier HSA Plans have a deductible, which must be met; it allows you the freedom to choose either a preferred provider on the list or a doctor outside the plan. Maximum for Out of Pocket
- Pays at a lower percentage if you go outside of the PPO list

Blue Shield PPO, HSA & Bronze Plans	PPO Plan 100-C	PPO Plan 80-G	HSA 3000	HSA 5000		2 Tier HSA 5000	
	\$200/\$400 Calendar Year Deductible	\$500/\$1,000 Calendar Year Deductible	\$3,000/\$5,200 Calendar Year Deductible	\$5,000/\$10,000 Calendar Year Deductible		<u>Employee & Dependent/s only</u> \$5,000/\$10,000 Calendar Year Deductible	
Employee	\$1,240.00 mo.	\$1,023.00 mo.	\$805.00 mo.	\$723.00 mo.		Employee	\$723.00 mo.
Employee + 1	\$2,435.00 mo.	\$2,002.00 mo.	\$1,574.00 mo.	\$1,410.00 mo.		Employee +1 Dep	\$1,395.00 mo.
Family	\$3,431.00 mo.	\$2,815.00 mo.	\$2,209.00 mo.	\$1,977.00 mo.		Employee 2+ Dep	\$1,395.00 mo.

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DENTAL OPTIONS

Delta Dental – Premier Plan

- Majority of Dentist accept Delta Dental Premier
- Pays a percentage beginning at 70% and increasing 10% yearly to the 100% Maximum
- Maximum of \$2,100 per Patient per Calendar Year

Delta Dental Premier	Employee	\$ 54.04 mo.
	Employee + 1	\$ 109.01 mo.
	Family	\$ 156.28 mo.

Delta Dental – Preferred Plan

- Must select a dentist from list of providing dentists
- Pays 100%
- Maximum of \$2,000 per Patient per Calendar Year

Delta Dental Preferred	Single	\$ 43.11 mo.
	Employee + 1	\$ 76.06 mo.
	Family	\$ 107.12 mo.

VISION COVERAGE

VSP VISION PLAN

- Classified and Certificated co-pay required
- Classified and Certificated dependent coverage available

Certificated Employee Only	\$ 0.00 Co-Payment	\$ 12.05 mo.
Classified/Certificated Employee Only	\$15.00 Co-Payment	\$ 8.20 mo.
Classified/Certificated Employee +1	\$15.00 Co-Payment	\$ 16.20 mo.
Classified/Certificated Employee + family	\$15.00 Co-Payment	\$ 21.90 mo.