



Classified CSEA 262 and Auxiliary Employees ONLY

2023-2024 Benefit Plan Premiums and District Contribution
Benefit Year: October 1, 2023 – September 30, 2024

If you are adding a dependent, verification **must** be provided to Human Resources.

- Dependent Verification documents for adding spouse or domestic partner include; Filed Tax return showing joint filing.
- Dependent verification documents for children include: Birth Certificate, Adoption Paperwork or Document Granting Legal Guardianship by the court, up until age 18.

Classified CSEA 262 & Auxiliary Monthly District Contribution		
Single-Party	Two-Party	Family
\$1,050.67	\$1,659.37	\$2,134.37

	Single-Party	Two-Party	Family
Medical Plans			
HMO			
Kaiser Permanente \$15; Rx \$5-20 (30 Day) <small>234480-0089ALN</small>	\$793.00	\$1,586.00	\$2,061.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day) <small>234480-0088ALN</small>	\$848.00	\$1,696.00	\$2,205.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day) <small>701071H031001</small>	\$815.00	\$1,622.00	\$2,117.00
Blue Shield Full Network \$10; Rx \$5-20 (30 Day) <small>701071H011001</small>	\$849.00	\$1,693.00	\$2,209.00
PPO			
Blue Shield 90G \$20; Rx \$5-20 (30 Day) <small>701070P021001</small>	\$905.00	\$1,806.00	\$2,358.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day) <small>701070P011001</small>	\$1,052.00	\$2,110.00	\$2,756.00
Blue Shield 2-Tier Anchor Bronze (Spouses are not eligible) <small>701070P061001</small>	\$543.00	\$1,064.00	\$1,064.00
Dental Plan	Composite		
DeltaCare HMO <small>71691 06013</small>	\$37.87		
Delta Dental PPO Plan 1500; \$2,000 Orthodontics <small>7079 3006</small>	\$101.40		
Delta Dental PPO Incentive Plan Unlimited; \$2,000 Orthodontics <small>7079 3005</small>	\$140.40		
Vision Plan	Composite		
VSP Signature Plan C, Single \$0 Copay <small>2978585A</small>	\$25.50		
Basic Life Insurance	Composite		
MetLife Basic Life and AD&D - \$75,000	\$10.00		