

MEDICAL, DENTAL, VISION CARE INSURANCE COSTS

Rates Effective January 1, 2024 through December 31, 2024

*Payroll deductions occur the month prior to premium payments (i.e. December deduction for January premium)

Classified - 10 Monthly Deductions

Those employed initially for LESS THAN 50% are not eligible for medical programs

*District maximum contribution toward medical is \$3,213.02

FTE	Program	Annual Premium	10 Monthly Premiums	District Pays	Employee Pays
1.0000	Kaiser HMO	\$ 23,458.20	\$ 2,345.82	\$ 2,345.82	\$ -
	Cigna HMO	\$ 32,130.20	\$ 3,213.02	\$ 3,213.02	\$ -
	Cigna POS	\$ 41,242.50	\$ 4,124.25	\$ 3,213.02	\$ 911.23
	Cigna HSA	\$ 24,851.40	\$ 2,485.14	\$ 2,485.14	\$ -
	Kaiser HMO High Deductible	\$ 17,243.40	\$ 1,724.34	\$ 1,724.34	\$ -
	Kaiser HSA	\$ 20,525.90	\$ 2,052.59	\$ 2,052.59	\$ -
	Dental Plan	\$ 1,900.00	\$ 190.00	\$ 190.00	\$ -
	Effective 12/1/23	Vision Care	\$ 308.90	\$ 30.89	\$ 30.89
0.9000	Kaiser HMO			\$ 2,111.24	\$ 234.58
	Cigna HMO			\$ 2,891.72	\$ 321.30
	Cigna POS			\$ 2,891.72	\$ 1,232.53
	Cigna HSA			\$ 2,236.63	\$ 248.51
	Kaiser HMO High Deductible			\$ 1,551.91	\$ 172.43
	Kaiser HSA			\$ 1,847.33	\$ 205.26
	Dental Plan			\$ 171.00	\$ 19.00
	Effective 12/1/23	Vision Care			\$ 27.80
0.8750	Kaiser HMO			\$ 2,052.59	\$ 293.23
	Cigna HMO			\$ 2,811.39	\$ 401.63
	Cigna POS			\$ 2,811.39	\$ 1,312.86
	Cigna HSA			\$ 2,174.50	\$ 310.64
	Kaiser HMO High Deductible			\$ 1,508.80	\$ 215.54
	Kaiser HSA			\$ 1,796.02	\$ 256.57
	Dental Plan			\$ 166.25	\$ 23.75
	Effective 12/1/23	Vision Care			\$ 27.03
0.8125	Kaiser HMO			\$ 1,905.98	\$ 439.84
	Cigna HMO			\$ 2,610.58	\$ 602.44
	Cigna POS			\$ 2,610.58	\$ 1,513.67
	Cigna HSA			\$ 2,019.18	\$ 465.96
	Kaiser HMO High Deductible			\$ 1,401.03	\$ 323.31
	Kaiser HSA			\$ 1,667.73	\$ 384.86
	Dental Plan			\$ 154.38	\$ 35.63
	Effective 12/1/23	Vision Care			\$ 25.10
0.7500	Kaiser HMO			\$ 1,759.37	\$ 586.46
	Cigna HMO			\$ 2,409.77	\$ 803.26
	Cigna POS			\$ 2,409.77	\$ 1,714.49
	Cigna HSA			\$ 1,863.86	\$ 621.29
	Kaiser HMO High Deductible			\$ 1,293.26	\$ 431.09
	Kaiser HSA			\$ 1,539.44	\$ 513.15
	Dental Plan			\$ 142.50	\$ 47.50
	Effective 12/1/23	Vision Care			\$ 23.17
0.6875	Kaiser HMO			\$ 1,612.75	\$ 733.07
	Cigna HMO			\$ 2,208.95	\$ 1,004.07
	Cigna POS			\$ 2,208.95	\$ 1,915.30
	Cigna HSA			\$ 1,708.53	\$ 776.61
	Kaiser HMO High Deductible			\$ 1,185.48	\$ 538.86
	Kaiser HSA			\$ 1,411.16	\$ 641.43
	Dental Plan			\$ 130.63	\$ 59.38
	Effective 12/1/23	Vision Care			\$ 21.24
0.6250	Kaiser HMO			\$ 1,466.14	\$ 879.68
	Cigna HMO			\$ 2,008.14	\$ 1,204.88
	Cigna POS			\$ 2,008.14	\$ 2,116.11
	Cigna HSA			\$ 1,553.21	\$ 931.93
	Kaiser HMO High Deductible			\$ 1,077.71	\$ 646.63
	Kaiser HSA			\$ 1,282.87	\$ 769.72
	Dental Plan			\$ 118.75	\$ 71.25
	Effective 12/1/23	Vision Care			\$ 19.31
0.5625	Kaiser HMO			\$ 1,319.52	\$ 1,026.30
	Cigna HMO			\$ 1,807.32	\$ 1,405.70
	Cigna POS			\$ 1,807.32	\$ 2,316.93
	Cigna HSA			\$ 1,397.89	\$ 1,087.25
	Kaiser HMO High Deductible			\$ 969.94	\$ 754.40
	Kaiser HSA			\$ 1,154.58	\$ 898.01
	Dental Plan			\$ 106.88	\$ 83.13
	Effective 12/1/23	Vision Care			\$ 17.38
0.5000	Kaiser HMO			\$ 1,172.91	\$ 1,172.91
	Cigna HMO			\$ 1,606.51	\$ 1,606.51
	Cigna POS			\$ 1,606.51	\$ 2,517.74
	Cigna HSA			\$ 1,242.57	\$ 1,242.57
	Kaiser HMO High Deductible			\$ 862.17	\$ 862.17
	Kaiser HSA			\$ 1,026.30	\$ 1,026.30
	Dental Plan			\$ 95.00	\$ 95.00
	Effective 12/1/23	Vision Care			\$ 15.45

If employment drops below 50%, employee may continue on dental and vision plans by paying their portion.

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FTE	Program	Annual Premium	10 Monthly Premiums	District Pays	Employee Pays
0.4375	Dental Plan			\$ 83.13	\$ 106.88
Effective 12/1/23	Vision Care			\$ 13.51	\$ 17.38
0.3750	Dental Plan			\$ 71.25	\$ 118.75
Effective 12/1/23	Vision Care			\$ 11.58	\$ 19.31
0.3125	Dental Plan			\$ 59.38	\$ 130.63
Effective 12/1/23	Vision Care			\$ 9.65	\$ 21.24
0.2500	Dental Plan			\$ 47.50	\$ 142.50
Effective 12/1/23	Vision Care			\$ 7.72	\$ 23.17
0.1875	Dental Plan			\$ 35.63	\$ 154.38
Effective 12/1/23	Vision Care			\$ 5.79	\$ 25.10
0.1250	Dental Plan			\$ 23.75	\$ 166.25
Effective 12/1/23	Vision Care			\$ 3.86	\$ 27.03

NO DEDUCTIONS JUNE/JULY