

2022-23 INSURANCE PLAN REQUEST FORM

SLCTA

Please use the Insurance Request form to make changes only.

Employee Name: _____
Position/Site: _____

Packages 11-20 include medical, dental and vision insurance.
Packages 11 - 14 and 19 include Delta Dental Incentive. Packages 15 - 18 and 20 include Delta Dental PPO.

The Anchor Bronze plans are medical plans only. Spouses cannot enroll in Anchor Bronze plans.
There is no dental, no vision and no life insurance included with the Anchor Bronze plans.

MONTHLY Rates effective October 1, 2022
These are full time rates for SLCTA

80M (Pkg 1)

Blue Cross PB 80% \$40	
Delta Dental	Incentive
VSP	
Cost	
11 pay:	\$ 443.15
12 pay:	\$ 406.22

80G (Pkg 2)

Blue Cross PB 80% \$30	
Delta Dental	Incentive
VSP	
Cost	
11 pay:	\$ 626.96
12 pay:	\$ 574.72

90C (Pkg 3)

Blue Cross PB 90% \$20	
Delta Dental	Incentive
VSP	
Cost	
11 pay:	\$ 744.78
12 pay:	\$ 682.72

100A (Pkg 4)

Blue Cross PB 100% \$20	
Delta Dental	Incentive
VSP	
Cost	
11 pay:	\$ 818.42
12 pay:	\$ 750.22

80M (Pkg 5)

Blue Cross PB 80% \$40	
Delta Dental	PPO
VSP	
Cost	
11 pay:	\$ 452.04
12 pay:	\$ 414.37

80G (Pkg 6)

Blue Cross PB 80% \$30	
Delta Dental	PPO
VSP	
Cost	
11 pay:	\$ 635.85
12 pay:	\$ 582.87

90C (Pkg 7)

Blue Cross PB 90% \$20	
Delta Dental	PPO
VSP	
Cost	
11 pay:	\$ 753.67
12 pay:	\$ 690.87

100A (Pkg 8)

Blue Cross PB 100% \$20	
Delta Dental	PPO
VSP	
Cost	
11 pay:	\$ 827.31
12 pay:	\$ 758.37

Affordable Care Act Plans - HSA compatible

NEW!!!
HSA-A (Pkg 9)

<input type="checkbox"/> Single	<input type="checkbox"/> Family
Blue Cross PB 90%	
Delta Dental	Incentive
VSP	
Cost	
11 pay:	\$ 529.87
12 pay:	\$ 485.72

NEW!!!
HSA-A (Pkg 10)

<input type="checkbox"/> Single	<input type="checkbox"/> Family
Blue Cross PB 90%	
Delta Dental	PPO
VSP	
Cost	
11 pay:	\$ 538.76
12 pay:	\$ 493.87

Anchor Bronze-A

Blue Cross PB 70%	
Employee Only	
Cost	
11 pay:	\$ 124.55
12 pay:	\$ 114.17

Anchor Bronze-B

Blue Cross PB 70%	
Employee +Child(ren)	
Cost	
11 pay:	\$ 325.27
12 pay:	\$ 298.17

WABE: Anchor Bronze-A

WABE is an option for full time employees in place of a SISC medical plan. This is used only to satisfy the medical participation requirement of a FT employee and are not enrolled in a medical/Rx plan

Note: If you are employed as of the first day of school, your insurance coverage begins September 1st. There will be two deductions taken for insurance coverage on your August paycheck; one deduction is for coverage for September at the current rate; the second deduction begins the eleven monthly payments at the new rate for insurance coverage from October 1 through September 30.