

Cupertino Union School District
DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART
January 1 - December 31, 2023

PLAN TYPE	12 PAY PERIODS			11 PAY PERIODS		
	MONTHLY PREMIUM	DISTRICT'S CONTRIBUTION FOR A FULL-TIME EMPLOYEE	EMPLOYEE'S CONTRIBUTION (FULL TIME STATUS)	MONTHLY PREMIUM	DISTRICT'S CONTRIBUTION FOR A FULL-TIME EMPLOYEE	EMPLOYEE'S CONTRIBUTION (FULL TIME STATUS)
ANTHEM HMO (California Care)						
Employee Only	\$969.00	\$678.30	\$290.70	\$1,057.09	\$739.96	\$317.13
2-Party (Employee + 1 dependent)	\$2,029.29	\$1,420.50	\$608.79	\$2,213.77	\$1,549.64	\$664.13
Family (Employee + 2 or more dependents)	\$2,896.68	\$2,027.68	\$869.00	\$3,160.01	\$2,212.01	\$948.00
ANTHEM PPO PRUDENT BUYER (closed to new enrollment)						
Employee Only	\$1,488.18	\$1,041.73	\$446.45	\$1,623.47	\$1,136.43	\$487.04
2-Party (Employee + 1 dependent)	\$2,995.21	\$2,096.65	\$898.56	\$3,267.50	\$2,287.25	\$980.25
Family (Employee + 2 or more dependents)	\$4,211.59	\$2,948.11	\$1,263.48	\$4,594.46	\$3,216.12	\$1,378.34
ANTHEM DEDUCTIBLE HMO						
Employee Only	\$780.58	\$546.41	\$234.17	\$851.54	\$596.08	\$255.46
2-Party (Employee + 1 dependent)	\$1,611.84	\$1,128.29	\$483.55	\$1,758.37	\$1,230.86	\$527.51
Family (Employee + 2 or more dependents)	\$2,333.31	\$1,633.32	\$699.99	\$2,545.43	\$1,781.80	\$763.63
KAISER HMO						
Employee Only	\$745.09	\$521.56	\$223.53	\$812.83	\$568.98	\$243.85
2-Party (Employee + 1 dependent)	\$1,490.16	\$1,043.11	\$447.05	\$1,625.63	\$1,137.94	\$487.69
Family (Employee + 2 or more dependents)	\$2,108.57	\$1,476.00	\$632.57	\$2,300.26	\$1,610.18	\$690.08
KAISER DEDUCTIBLE HMO						
Employee Only	\$653.03	\$457.12	\$195.91	\$712.40	\$498.68	\$213.72
2-Party (Employee + 1 dependent)	\$1,306.05	\$914.24	\$391.81	\$1,424.78	\$997.35	\$427.43
Family (Employee + 2 or more dependents)	\$1,848.05	\$1,293.64	\$554.41	\$2,016.05	\$1,411.24	\$604.81
DELTA PPO PREMIER DENTAL						
Employee Only	\$76.14	\$53.30	\$22.84	\$83.06	\$58.14	\$24.92
2-Party (Employee + 1 dependent)	\$148.48	\$103.94	\$44.54	\$161.98	\$113.39	\$48.59
Family (Employee + 2 or more dependents)	\$233.37	\$163.36	\$70.01	\$254.59	\$178.21	\$76.38
DELTA DENTAL LOW COST PLAN						
Employee Only	\$40.52	\$28.36	\$12.16	\$44.20	\$30.94	\$13.26
2-Party (Employee + 1 dependent)	\$79.00	\$55.30	\$23.70	\$86.18	\$60.33	\$25.85
Family (Employee + 2 or more dependents)	\$123.66	\$86.56	\$37.10	\$134.90	\$94.43	\$40.47
DELTACARE HMO (one rate)						
	\$54.49	\$38.14	\$16.35	\$59.44	\$41.61	\$17.83
VISION SERVICE PLAN						
Employee Only	\$7.44	\$5.21	\$2.23	\$8.12	\$5.68	\$2.43
2-Party (Employee + 1 dependent)	\$14.90	\$10.43	\$4.47	\$16.25	\$11.38	\$4.87
Family (Employee + 2 or more dependents)	\$23.99	\$16.79	\$7.20	\$26.17	\$18.32	\$7.85
GROUP LIFE INSURANCE (mandatory if electing medical)						
Employee Only	\$13.39	\$9.37	\$4.02	\$14.61	\$10.23	\$4.38
Family (Employee + dependents)	\$13.99	\$9.79	\$4.20	\$15.26	\$10.68	\$4.58
NOTES: Part time employees who work less than 8 hours per day are entitled to participate in the Health & Welfare programs on a pro-rata basis consistent with the number of hours worked daily or their Full Time Equivalent (FTE). Employee deductions are taken pre-tax						
HR/an 10-21-22						