



TEMPLE CITY UNIFIED SCHOOL DISTRICT
2023 Benefit Premiums

Region 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

TCUSD Annual Contribution goes towards Medical (Section A), Dental (Section B), Vision (Section C) & Life Insurance (Section D).

2023 TCUSD District Contribution Amounts

TCEA: \$9,250.00

CSEA 105: \$9,000.00

CSEA 823: \$9,250.00

Management: \$9,250.00

SECTION A: MEDICAL (If you live outside of Region 2, please contact Personnel for rates in your region.)

MEDICAL	EMPLOYEE ONLY		EMPLOYEE AND ONE DEPENDENT **		EMPLOYEE AND 2+ DEPENDENTS **	
	TENTHLY	ANNUAL	TENTHLY	ANNUAL	TENTHLY	ANNUAL
PERS Gold (PPO) *	835.12	8,351.16	1,670.23	16,702.32	2,171.30	21,713.04
PERS Platinum (PPO) *	1,217.76	12,177.60	2,435.52	24,355.20	3,166.18	31,661.76
Anthem Blue Cross Select HMO *	918.44	9,184.44	1,836.89	18,368.88	2,387.95	23,879.52
Anthem Blue Cross Traditional HMO *	1,122.14	11,221.44	2,244.29	22,442.88	2,917.57	29,175.72
Blue Shield Access+ HMO *	1,011.13	10,111.32	2,022.26	20,222.64	2,628.95	26,289.48
Blue Shield Trio HMO * **	912.85	9,128.52	1,825.70	18,257.04	2,373.42	23,734.20
Health Net Salud y Más *	838.69	8,386.92	1,677.38	16,773.84	2,180.60	21,806.04
Health Net SmartCare *	1,001.58	10,015.80	2,003.16	20,031.60	2,604.11	26,041.08
Kaiser Permanente *	907.45	9,074.52	1,814.90	18,149.04	2,359.38	23,593.80
Sharp Performance Plus *	917.95	9,179.52	1,835.90	18,359.04	2,386.68	23,866.80
United Healthcare Signature Value Alliance *	952.36	9,523.56	1,904.71	19,047.12	2,476.13	24,761.28
United Healthcare Signature Value Harmony *	937.90	9,378.96	1,875.79	18,757.92	2,438.53	24,385.32

* THE ABOVE MEDICAL RATES DO NOT REFLECT THE ADMINISTRATIVE FEE FROM CALPERS;

**Blue Shield Trio is only available in Kern, Kings, San Luis Obispo, Santa Barbara, Tulare and Ventura (partial counties served).

Dependent children are eligible for Medical coverage through the end of the month that dependent turns 26 years of age.

SECTION B: DENTAL

DENTAL	TENTHLY	ANNUAL
Delta Dental Premier – Employee and Family Dependent children are eligible for coverage through the end of the month they turn 26 years of age	108.00	1,080.00
Delta Care DHMO – Employee and Family Dependent children are eligible for coverage through the end of the month they turn 26 years of age	40.71	407.10

SECTION C: VISION

VISION	TENTHLY	ANNUAL
VSP - Employee Only	16.00	160.00
VSP - 2 or more Dependent children are eligible for coverage through the end of the month they turn 26 years of age.	35.00	350.00

SECTION D: LIFE INSURANCE

UNUM Employee BASIC LIFE and AD&D INSURANCE	TENTHLY	ANNUAL
Employee working at least 15 hours per week is insured at - \$50,000 (Level Term)	5.70	57.00
Employee working less than 15 hours per week is insured at - \$10,000 (Level Term)	1.14	11.40
UNUM Dependent BASIC LIFE and AD&D INSURANCE	TENTHLY	ANNUAL
To Add Dependent Life and AD&D Insurance you must also select Employee Basic Life and AD&D Insurance Coverage Spouse is covered at \$5,000; Dependent Children aged 15 days to 6 months at \$1,000; aged 6 months to 26 years old at \$5,000	0.72	7.20