



**TEMPLE CITY UNIFIED SCHOOL DISTRICT**  
**2023 Benefit Premiums**  
 Region 3: Los Angeles, Riverside, San Bernardino

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 3, 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 *	816.44	8,164.44	1,632.89	16,328.88	2,122.75	21,227.52
PERS Platinum PPO *	1,191.11	11,911.08	2,382.22	23,822.16	3,096.88	30,968.76
Anthem Blue Cross Select HMO *	885.49	8,854.92	1,770.98	17,709.84	2,302.28	23,022.84
Anthem Blue Cross Traditional HMO *	1,131.28	11,312.76	2,262.55	22,625.52	2,941.32	29,413.20
Blue Shield Access+ HMO *	885.95	8,859.48	1,771.90	17,718.96	2,303.46	23,034.60
Blue Shield Trio HMO *	793.79	7,937.88	1,587.58	15,875.76	2,063.84	20,638.44
Health Net Salud Y Mas *	727.61	7,276.08	1,455.22	14,552.16	1,891.78	18,917.76
Health Net SmartCare *	906.35	9,063.48	1,812.70	18,126.96	2,356.50	23,565.00
Kaiser Permanente *	905.57	9,055.68	1,811.14	18,111.36	2,354.47	23,544.72
United Healthcare Signature Value Alliance *	948.55	9,485.52	1,897.10	18,971.04	2,466.24	24,662.40
United Healthcare Signature Value Harmony *	856.26	8,562.60	1,712.52	17,125.20	2,226.28	22,262.76

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

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 PPO– 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 Selected Dentist FACILITY # _____ 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 PLANS	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