

Los Gatos Saratoga Union High School District
Delta Dental & Vision Service Plan Rates (Effective 1/1/2023; Premium Plan)

2023 Delta Dental Rates

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	61.48	0.00	12.30	15.37	23.06	24.59	30.74	36.89	49.18
Two-Party Rate	122.96	0.00	24.59	30.74	46.11	49.18	61.48	73.78	98.37
Family Rate	207.87	0.00	41.57	51.97	77.95	83.15	103.94	124.72	166.30

2023 Vision Service Plan Rates

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	11.63	0.00	2.33	2.91	4.36	4.65	5.82	6.98	9.30
Two-Party Rate	23.25	0.00	4.65	5.81	8.72	9.30	11.63	13.95	18.60
Family Rate	43.94	0.00	8.79	10.99	16.48	17.58	21.97	26.36	35.15

Certificated Employees: 80% FTE employees are covered at 100%

Classified Employees: 87.50% FTE employees are covered at 100%