



Pleasant Valley School District Health Benefit Plans for Active Employees

2023/24 MONTHLY RATES*						
September 1, 2023 to September 30, 2023				October 1, 2023 to September 30, 2024		
	<u>1 Party</u>	<u>2 Party</u>	<u>Family</u>	<u>1 Party</u>	<u>2 Party</u>	<u>Family</u>
MEDICAL PLANS:						
<u>HMO Plans</u>						
ANTHEM BC	784.00	1529.00	2036.00	858.00	1674.00	2230.00
<i>CaliforniaCare \$20 Office Co-Pay - Prescription Drugs 7-25</i>						
KAISER PERMANENTE	705.00	1374.00	1825.00	774.00	1507.00	2003.00
<i>\$20 Office Co-Pay - Prescription Drugs 10-20</i>						
<u>PPO Plans</u>						
ANTHEM BC 90%	972.00	1905.00	2541.00	1063.00	2086.00	2782.00
<i>\$20 Office Co-Pay (\$100 individual/\$300 family deductible) Prescription Drugs 5-20</i>						
ANTHEM BC 80%/20	825.00	1612.00	2149.00	902.00	1765.00	2353.00
<i>\$20 Office Co-Pay (\$500 ind/\$1000 fam deductible) Prescription Drugs 7-25</i>						
ANTHEM BC 80%/30	707.00	1380.00	1839.00	775.00	1514.00	2018.00
<i>\$30 Office Co-Pay (\$2000 individual/\$4000 family deductible) Prescription Drugs 9-35</i>						
Anthem BC 80%/\$40	635.00	1236.00	1645.00	695.00	1354.00	1803.00
<i>\$40 office co-pay (\$3000 individual/\$6000 family deductible) Prescription Drugs 9-35</i>						
ANTHEM BC Anchor Bronze/70%	491.00	973.00	973.00	539.00	1032.00	1032.00
<i>(\$5000 individual/\$10000** family deductible) Employee or Employee + Child(ren) Only **Rx MVP</i>						
<u>DELTA DENTAL:</u>						
Delta PPO Premier	57.52	104.14	160.61	57.52	104.14	160.61
<u>VSP - VISION PLAN:</u>						
Vision Service Plan	13.19	19.77	30.76	13.19	19.77	30.76

*Premiums are deducted from each regular paycheck (10, 11, or 12 paychecks depending on your work schedule).

DETERMINE YOUR DISTRICT CONTRIBUTION/CAP

Effective 10/1/2013 the District Cap is determined on what Medical Tier level you are enrolled in.

- 1-Party Medical = \$10,600/year Maximum (\$883.33/month for employees receiving 100% of cap. Part time employees, use formula shown below.)
 - 2-Party Medical = \$16450/year Maximum (\$1,370.80/month for employees receiving 100% of cap. Part time employees, use formula shown below.)
 - Family Medical = \$20,850/year Maximum (\$1,737.50/month for employees receiving 100% of cap. Part time employees, use formula shown below.)
- District Caps listed above are effective 2022/2023

Classified Employees:

How many **contract** days are on your 2023/24 work year? _____ (A) (Example: Student Calander

How many hours per day will you work in the 2023/24 work year? _____ (B) has 193 days)

(If your schedule varies each day, total the number of hours you work in a week and divide by 5 days to get your average daily hours)

$$\frac{\text{_____}}{\text{(A)}} \times \frac{\text{_____}}{\text{(B)}} = \frac{\text{_____}}{\text{(C)}} \div 1,756 = \text{_____} \% \text{ (100\% Max)}$$

$$\frac{\text{_____}}{\text{(C)}} \times \text{Based on medical tier} = \$ \frac{\text{_____}}{\text{(D)}} \text{ District Annual Cap} \quad \frac{\text{_____}}{\text{(D)}} \div 12 = \text{_____} \text{ District Monthly Cap}$$

IMPORTANT: You must be assigned at least 878 hours in the work year to receive a contribution towards health benefits.

Certificated Employees:

The District's fiscal year contribution/cap is prorated according to full-time equivalency (FTE) from \$5,300-10,425 minimum (0.5 FTE) to \$10,600-\$20,850 maximum (Depending on Medical tier enrolled in. See above) (1.0 FTE). Simply multiply your FTE by \$10,600-\$20,850 (depending on tier) to determine your annual cap. Then divide that number by 12 months to determine your monthly cap.