ACTIVE EMPLOYEE PREMIUM SCHEDULES

Based on 12 Checks* January 1, 2024 through December 31, 2024

ELIGIBLE HOURS PER WEEK		35+	32.5+	30+	27.5+	25+	22.5+	20+
					Grandfathered Employees Only ----------►			
PLANS AND COVERAGES	Monthly Premium Total	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
HEALTH PLANS	Premiums for employees who meet the Davis Moves Wellness program incentive requirements will be reduced by $20 per month.							
AETNA (Traditional)								
Employee + 2 or More	1,981.30	**294.94**	**522.45**	**636.21**	**749.97**	**863.73**	**977.48**	**1,091.24**
Employee + 1	1,470.70	**203.03**	**374.72**	**460.56**	**546.41**	**632.25**	**718.10**	**803.94**
Employee Only	680.80	**60.85**	**146.18**	**188.84**	**231.50**	**274.17**	**316.83**	**359.49**
SELECTHEALTH (Traditional)								
Employee + 2 or More	1,997.20	**297.17**	**526.51**	**641.18**	**755.84**	**870.51**	**985.18**	**1,099.85**
Employee + 1	1,482.10	**204.45**	**377.47**	**463.98**	**550.49**	**637.00**	**723.51**	**810.02**
Employee Only	686.10	**61.17**	**147.16**	**190.16**	**233.15**	**276.15**	**319.14**	**362.14**
AETNA (High Deductible)								
Employee + 2 or More	1,760.00	**264.20**	**466.31**	**567.36**	**668.41**	**769.47**	**870.52**	**971.57**
Employee + 1	1,306.50	**182.57**	**335.09**	**411.36**	**487.62**	**563.88**	**640.14**	**716.40**
Employee Only	605.00	**56.30**	**132.13**	**170.04**	**207.95**	**245.87**	**283.78**	**321.69**
SELECTHEALTH (High Deductible)								
Employee + 2 or More	1,777.00	**266.59**	**470.64**	**572.67**	**674.70**	**776.73**	**878.75**	**980.78**
Employee + 1	1,318.70	**184.10**	**338.05**	**415.02**	**491.99**	**568.97**	**645.94**	**722.91**
Employee Only	610.60	**56.64**	**133.17**	**171.43**	**209.70**	**247.96**	**286.22**	**324.49**
DENTAL PLANS								
DELTA BASIC PPO								
Employee + 2 or More	88.19	**9.10**	**19.65**	**24.92**	**30.19**	**35.46**	**40.74**	**46.01**
Employee + 1	59.93	**2.24**	**9.93**	**13.78**	**17.62**	**21.47**	**25.32**	**29.16**
Employee Only	29.97	**0.00**	**4.00**	**5.99**	**7.99**	**9.99**	**11.99**	**13.99**
DELTA PREMIER + PPO								
Employee + 2 or More	118.32	**39.23**	**49.78**	**55.05**	**60.32**	**65.59**	**70.87**	**76.14**
Employee + 1	75.52	**17.83**	**25.52**	**29.37**	**33.21**	**37.06**	**40.91**	**44.75**
Employee Only	44.28	**2.21**	**7.82**	**10.62**	**13.43**	**16.23**	**19.04**	**21.84**
LONG TERM DISABILITY								
UNUM								
	24.89	**12.44**	**14.10**	**14.93**	**15.76**	**16.59**	**17.42**	**18.25**

*Employees who receive 10 checks a year, rather than 12 will prepay a portion of the annual premium. Therefore, the monthly amount deducted from an employee's paycheck will exceed the above Employee Monthly Cost amount.

NOTE: Premiums listed for less than 30 hours per work week are applicable to employees who meet the eligibility criteria requirements of an employment start date and insurance eligibility date of June 30, 2004, or earlier.

Monthly District Health Savings Account (HSA) Contribution for Employees Electing High Deductible Health Plan (HDHP) Coverage

	30 or more hours per week	Less than 30 hours per week
Family Coverage	$180.00 per month	$90.00 per month
2-Party Coverage	$140.00 per month	$70.00 per month
Individual Coverage	$70.00 per month	$35.00 per month

SHORT-TERM DISABILITY RATES

Premium Rates per $10 of Base Salary		
Age	***Male***	***Female***
29 and under	.03	.05
30-39	.04	.07
40-49	.06	.10
50-59	.09	.15
60 and over	.12	.18

Sample Premium Calculation: Yearly base salary ($50,947) divide by 52 weeks = $980; weekly salary $980 x 66.6667% of benefit = $653.33 (round to nearest $10) = $650 divide by 10 = $65 x .15 (rate) = $9.75 monthly premium.

SUPPLEMENTAL LIFE RATES

Monthly Rates per $1,000 of Coverage

Attained Age	Employee & Spouse Rates
34 and under	$ .06
35 to 39	.09
40 to 44	.11
45 to 49	.17
50 to 54	.23
55 to 59	.39
60 to 64	.47
65 to 69	.76
70 to 74	1.43
75 to 79	2.49

Child(ren)	Coverage for $ 5,000	$ .78
	Coverage for $10,000	1.56

Calculate your total monthly premium here

	Desired No. of Thousands		Premium per $1,000		Total Premium
Employee	_____	X	_____	=	_____
Spouse	_____	X	_____	=	_____
Child(ren)	$5,000 (.78)	or	$10,000 ($1.56)	=	_____
			Total Monthly Premium	=	_____

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)

ACCIDENTAL DEATH & DISMEMBERMENT

Monthly Rate $ .02 per $1,000 of Coverage

Calculate your total monthly premium here

Desired No.of Thousands			Total Monthly Premium
_____	X	$ .02	= _____
(up to 500)			

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)

VISION MONTHLY RATES

Employee Only	$ 4.80
Employee + 1	$ 9.40
Employee + 2 or more	$14.90

COBRA PREMIUMS

Qualified beneficiaries who continue coverage under COBRA, the federal health care continuation law, pay 102% of the premium cost. Premiums are remitted directly to the District's COBRA Administrator.

January 1, 2024 through December 31, 2024

Health Plans	Monthly Premiums
AETNA (Traditional Health Plan)	
Family	$2,020.93
2-Party	$1,500.11
Single	$694.42
SELECTHEALTH (Traditional Health Plan)	
Family	$2,037.14
2-Party	$1,511.74
Single	$699.82
AETNA (High Deductible Health Plan)	
Family	$1,795.20
2-Party	$1,332.63
Single	$617.10
SELECTHEALTH (High Deductible Health Plan)	
Family	$1,812.54
2-Party	$1,345.07
Single	$622.81

Dental Plans	Monthly Premiums
DELTA BASIC PPPO	
Family	$89.95
2-Party	$61.13
Single	$30.57
DELTA PREMIER + PPO	
Family	$120.69
2-Party	$77.03
Single	$45.17

Vision	Monthly Premiums
EMI VISION	
Family	$15.20
2-Party	$9.59
Single	$4.90

RETIREE PREMIUMS

As defined in the Davis School District Negotiated Agreements, employees who retire under the Davis School District Early Retirement Incentive Medical and Dental Plan (ERP) may continue to be enrolled in group medical, dental and vision programs until they become eligible for Medicare, or for 10 consecutive years following retirement, whichever occurs first. Special povisions apply to retirees who return to active employment with the district. (Dependents may have limited continuation of coverage in cases where they would otherwise lose coverage - see ERP document.)

Retired Elmployees in first three years of plan participation -

***Refer to the Active Employee Premium Schedule.**

Retired Employees beyond the first three years of plan participation -

*Refer to the schedule below.

January 1, 2024 through December 31, 2024

Health Plans — *Monthly Premiums*

AETNA (Traditional Health Plan)

Family	$2,020.93
2-Party	$1,500.11
Single	$694.42

SELECTHEALTH (Traditional Health Plan)

Family	$2,037.14
2-Party	$1,511.74
Single	$699.82

AETNA (High Deductible Health Plan)

Family	$1,795.20
2-Party	$1,332.63
Single	$617.10

SELECTHEALTH (High Deductible Health Plan)

Family	$1,812.54
2-Party	$1,345.07
Single	$622.81

Dental Plans — *Monthly Premiums*

DELTA BASIC PPPO

Family	$89.95
2-Party	$61.13
Single	$30.57

DELTA PREMIER + PPO

Family	$120.69
2-Party	$77.03
Single	$45.17

Vision — *Monthly Premiums*

EMI VISION

Family	$15.20
2-Party	$9.59
Single	$4.90