

**SANTA PAULA UNIFIED SCHOOL DISTRICT**  
**FULL TIME EMPLOYEE HEALTH BENEFITS RATES**

Effective January 1, 2024 – December 31, 2024

Rates listed below are tenths and will be taken through payroll deduction each month except July and August. See the Plan Comparisons on the Benefits web page at <https://www.santapaulausd.org/departments1/human-resources/benefits> for a brief overview of each plan.

**Traditional PPO/HMO Health Plans**

	Anthem PPO 90	Anthem PPO 80	Anthem Wellness PPO	Anthem HMO 10	Anthem HMO 30	Kaiser HMO 10	Kaiser HMO 30
Single	\$51.01	\$0.00	\$0.00	\$273.73	\$0.00	\$0.00	\$0.00
2 Party	\$1,169.87	\$492.94	\$199.34	\$1,016.06	\$481.16	\$420.28	\$301.10
Family	\$2,285.22	\$1,307.42	\$883.36	\$2,500.76	\$1,628.74	\$1,150.68	\$982.03

**Consumer Driven Health Plans**

	Anthem CDHP 90	Anthem CDHP 80	Anthem CDHP 60	Kaiser CDHP \$1600	Kaiser CDHP \$4500
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
◆	\$4,150	\$4,150	\$4,150	\$4,150	\$4,150
2 Party	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
◆	\$3,643.88	\$4,150	\$4,150	\$4,142	\$4,150
Family	\$326.77	\$0.00	\$0.00	\$313.48	\$0.00
◆	\$3,500	\$3,500	\$4,150	\$3,500	\$3,500

◆ **2024 DISTRICT HSA CONTRIBUTIONS**

When you enroll in a Consumer Driven Health Plan (CDHP) with an annual premium that is under the District's \$15,000 12-month cap the District will contribute the amount listed above directly into the active employee's Health Savings Account (HSA). The amount listed will be deposited into your HSA in two payments during the 2024 calendar year. The first 6/10th of the amount *will be deposited the first week in February* and the other 4/10th *will be deposited the first week in October*. This contribution is based on the 2024 maximum allowable IRS contribution for singles and employment status. All contributions will be prorated based on effective date of the chosen plan.

**DECLINE MEDICAL BENEFITS and RECEIVE CASH-IN-LIEU\***: Employees demonstrating group coverage outside of the District, annually, during open enrollment, are eligible to decline medical coverage and receive \$3,000 from the District. Ten contributions of \$300 will be added to active employee's Jan-June and Sept-Dec paychecks. No retro payments will be given. If the deadline is missed cash-in-lieu will begin on the next open regular pay cycle. **IMPORTANT:** To receive, follow the "**Decline Medical Benefits & Receive Cash-in-Lieu**" instructions on the Benefits web page. **ANNUAL VERIFICATION REQUIRED.** More detailed information and restrictions can be reviewed on our website: <https://resources.finalsite.net/images/v1693510401/santapaulaunifiedorg/epdmtamgdrunhamvglj8/2023DeclineMedicalCoverageandReceiveCashinLieu.pdf>

*\*Per Affordable Care Act (ACA) guidelines, alternative group medical coverage must NOT be coverage in the individual market, including the Individual Marketplace and Covered California.*

**2024 DENTAL/VISION**

	Delta Dental
Single	No Cost
2 Party	
Family	

	VSP Base	VSP Buy Up
Single	No Cost	\$19.12
2 Party		
Family		

Contact Verena Hernandez at [vhernandez@santapaulausd.org](mailto:vhernandez@santapaulausd.org) or [benefits@santapaulausd.org](mailto:benefits@santapaulausd.org) if you have any questions.

**CLASSIFIED DISTRICT CONTRIBUTION RATES PENDING VOTE AND RATIFICATION**