

Oak Grove School District
Medical Premiums - Effective 01/01/2024 - Revised 11.3.23
Monthly Rate Sheet

AFSCME

Coverage Level		Kaiser Plan A (\$15 Co-pay)	Kaiser Plan B (\$30 Co-pay)	Kaiser Deductible HMO Plan D (\$20 Co-pay)	Sutter Health HMO (\$20 Co-pay)	United HMO (\$20 Co-Pay)	United PPO Traditional 90/60	United PPO Plus 70/50
Employee Only	2023 Rate	\$791.09	\$767.22	\$701.65	\$882.10	\$879.79	\$1,159.86	\$1,038.73
	2024 Rate	\$950.44	\$921.80	\$824.89	\$936.50	\$1,038.15	\$1,368.63	\$1,225.70
	District contribution*	\$824.69	\$824.69	\$781.65	\$824.69	\$824.69	\$824.69	\$824.69
	Employee portion**	\$125.75	\$97.11	\$43.24	\$111.81	\$213.46	\$543.94	\$401.01
Employee + one dependent	2023 Rate	\$1,582.17	\$1,534.44	\$1,402.31	\$1,764.10	\$1,817.24	\$2,319.74	\$2,077.44
	2024 Rate	\$1,900.88	\$1,843.58	\$1,649.81	\$1,873.00	\$2,144.34	\$2,737.29	\$2,451.38
	District contribution*	\$876.96	\$876.96	\$876.96	\$876.96	\$876.96	\$876.96	\$876.96
	Employee portion**	\$1,023.92	\$966.62	\$772.85	\$996.04	\$1,267.38	\$1,860.33	\$1,574.42
Employee + two or more dependents	2023 Rate	\$2,238.77	\$2,171.24	\$1,986.24	\$2,496.50	\$2,585.08	\$3,016.33	\$2,701.13
	2024 Rate	\$2,689.75	\$2,608.66	\$2,334.47	\$2,650.60	\$3,050.39	\$3,559.27	\$3,187.33
	District contribution*	\$1,115.48	\$1,115.48	\$1,115.48	\$1,115.48	\$1,115.48	\$1,115.48	\$1,115.48
	Employee portion**	\$1,574.27	\$1,493.18	\$1,218.99	\$1,535.12	\$1,934.91	\$2,443.79	\$2,071.85

You will not be allowed to make any changes during the year unless you experience a qualifying event. Changes as a result of a qualifying event must be made within 30 days of that event, and are limited to allowable changes only. Qualifying events for insurance include change in the number of dependents, adoption, marriage, the death of a spouse or divorce, change in work hours, termination of employment, voluntary or involuntary.

*District contribution is based on hire date and FTE.

**These rates are reflective of a full time, 12 month employee. For 10 and 11 month employees – an extra prorated deduction will be made during the school year to cover your portion of medical premium over July.

Oak Grove School District
 Medical Premiums - Effective 01/01/2024 - Revised 11.3.23
 Monthly Rate Sheet

CSEA

Coverage Level		Kaiser Plan A (\$15 Co-pay)	Kaiser Plan B (\$30 Co-pay)	Kaiser Deductible HMO Plan D (\$20 Co-pay)	Sutter Health HMO (\$20 Co-pay)	United HMO (\$20 Co-Pay)	United PPO Traditional 90/60	United PPO Plus 70/50
Employee Only	2023 Rate	\$791.09	\$767.22	\$701.65	\$882.10	\$879.79	\$1,159.86	\$1,038.73
	2024 Rate	\$950.44	\$921.80	\$824.89	\$936.50	\$1,038.15	\$1,368.63	\$1,225.70
	District contribution*	\$950.44	\$921.80	\$824.89	\$936.50	\$1,038.15	\$1,298.07	\$1,198.73
	Employee portion**	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70.56	\$26.97
Employee + one dependent	2023 Rate	\$1,582.17	\$1,534.44	\$1,402.31	\$1,764.10	\$1,817.24	\$2,319.74	\$2,077.44
	2024 Rate	\$1,900.88	\$1,843.58	\$1,649.81	\$1,873.00	\$2,144.34	\$2,737.29	\$2,451.38
	District contribution*	\$1,731.14	\$1,731.14	\$1,649.81	\$1,731.14	\$1,731.14	\$1,595.23	\$1,595.23
	Employee portion**	\$169.74	\$112.44	\$0.00	\$141.86	\$413.20	\$1,142.06	\$856.15
Employee + two or more dependents	2023 Rate	\$2,238.77	\$2,171.24	\$1,986.24	\$2,496.50	\$2,585.08	\$3,016.33	\$2,701.13
	2024 Rate	\$2,689.75	\$2,608.66	\$2,334.47	\$2,650.60	\$3,050.39	\$3,559.27	\$3,187.33
	District contribution*	\$2,051.34	\$2,051.34	\$2,051.34	\$2,051.34	\$2,051.34	\$1,915.44	\$1,915.44
	Employee portion**	\$638.41	\$557.32	\$283.13	\$599.26	\$999.05	\$1,643.83	\$1,271.89

You will not be allowed to make any changes during the year unless you experience a qualifying event. Changes as a result of a qualifying event must be made within 30 days of that event, and are limited to allowable changes only. Qualifying events for insurance include change in the number of dependents, adoption, marriage, the death of a spouse or divorce, change in work hours, termination of employment, voluntary or involuntary.

*District contribution is based on hire date and FTE.

**These rates are reflective of a full time, 12 month employee. For 10 and 11 month employees – an extra prorated deduction will be made during the school year to cover your portion of medical premium over July.

Oak Grove School District
Medical Premiums - Effective 01/01/2024 - Revised 11.3.23
Monthly Rate Sheet

OGEA

Coverage Level		Kaiser Plan A (\$15 Co-pay)	Kaiser Plan B (\$30 Co-pay)	Kaiser Deductible HMO Plan D (\$20 Co-pay)	Sutter Health HMO (\$20 Co-pay)	United HMO (\$20 Co-Pay)	United PPO Traditional 90/60	United PPO Plus 70/50
Employee Only	2023 Rate	\$791.09	\$767.22	\$701.65	\$882.10	\$879.79	\$1,159.86	\$1,038.73
	2024 Rate	\$950.44	\$921.80	\$824.89	\$936.50	\$1,038.15	\$1,368.63	\$1,225.70
	District contribution*	\$873.85	\$873.85	\$781.65	\$936.50	\$959.79	\$1,239.86	\$1,118.73
	Employee portion**	\$76.59	\$47.95	\$43.24	\$0.00	\$78.36	\$128.77	\$106.97
Employee + one dependent	2023 Rate	\$1,582.17	\$1,534.44	\$1,402.31	\$1,764.10	\$1,817.24	\$2,319.74	\$2,077.44
	2024 Rate	\$1,900.88	\$1,843.58	\$1,649.81	\$1,873.00	\$2,144.34	\$2,737.29	\$2,451.38
	District contribution*	\$1,712.17	\$1,664.44	\$1,480.15	\$1,871.96	\$1,871.96	\$1,983.42	\$1,983.42
	Employee portion**	\$188.71	\$179.14	\$169.66	\$1.04	\$272.38	\$753.87	\$467.96
Employee + two or more dependents	2023 Rate	\$2,238.77	\$2,171.24	\$1,986.24	\$2,496.50	\$2,585.08	\$3,016.33	\$2,701.13
	2024 Rate	\$2,689.75	\$2,608.66	\$2,334.47	\$2,650.60	\$3,050.39	\$3,559.27	\$3,187.33
	District contribution*	\$2,362.49	\$2,362.49	\$2,031.71	\$2,094.45	\$2,094.45	\$2,094.45	\$2,094.45
	Employee portion**	\$327.26	\$246.17	\$302.76	\$556.15	\$955.94	\$1,464.82	\$1,092.88

You will not be allowed to make any changes during the year unless you experience a qualifying event. Changes as a result of a qualifying event must be made within 30 days of that event, and are limited to allowable changes only. Qualifying events for insurance include change in the number of dependents, adoption, marriage, the death of a spouse or divorce, change in work hours, termination of employment, voluntary or involuntary.

*District contribution is based on hire date and FTE.

**These rates are reflective of a full time, 12 month employee. For 10 and 11 month employees – an extra prorated deduction will be made during the school year to cover your portion of medical premium over July.

Oak Grove School District
Medical Premiums - Effective 01/01/2024 - Revised 11.3.23
Monthly Rate Sheet

OGMA

Coverage Level		Kaiser Plan A (\$15 Co-pay)	Kaiser Plan B (\$30 Co-pay)	Kaiser Deductible HMO Plan D (\$20 Co-pay)	Sutter Health HMO (\$20 Co-pay)	United HMO (\$20 Co-Pay)	United PPO Traditional 90/60	United PPO Plus 70/50
Employee Only	2023 Rate	\$791.09	\$767.22	\$701.65	\$882.10	\$879.79	\$1,159.86	\$1,038.73
	2024 Rate	\$950.44	\$921.80	\$824.89	\$936.50	\$1,038.15	\$1,368.63	\$1,225.70
	District contribution*	\$950.44	\$921.80	\$824.89	\$936.50	\$1,007.79	\$1,131.00	\$1,131.00
	Employee portion**	\$0.00	\$0.00	\$0.00	\$0.00	\$30.36	\$237.63	\$94.70
Employee + one dependent	2023 Rate	\$1,582.17	\$1,534.44	\$1,402.31	\$1,764.10	\$1,817.24	\$2,319.74	\$2,077.44
	2024 Rate	\$1,900.88	\$1,843.58	\$1,649.81	\$1,873.00	\$2,144.34	\$2,737.29	\$2,451.38
	District contribution*	\$1,790.17	\$1,742.44	\$1,649.81	\$1,873.00	\$1,885.00	\$1,885.00	\$1,885.00
	Employee portion**	\$110.71	\$101.14	\$0.00	\$0.00	\$259.34	\$852.29	\$566.38
Employee + two or more dependents	2023 Rate	\$2,238.77	\$2,171.24	\$1,986.24	\$2,496.50	\$2,585.08	\$3,016.33	\$2,701.13
	2024 Rate	\$2,689.75	\$2,608.66	\$2,334.47	\$2,650.60	\$3,050.39	\$3,559.27	\$3,187.33
	District contribution*	\$2,572.00	\$2,531.24	\$2,334.47	\$2,572.00	\$2,572.00	\$2,572.00	\$2,572.00
	Employee portion**	\$117.75	\$77.42	\$0.00	\$78.60	\$478.39	\$987.27	\$615.33

You will not be allowed to make any changes during the year unless you experience a qualifying event. Changes as a result of a qualifying event must be made within 30 days of that event, and are limited to allowable changes only. Qualifying events for insurance include change in the number of dependents, adoption, marriage, the death of a spouse or divorce, change in work hours, termination of employment, voluntary or involuntary.

*District contribution is based on hire date and FTE.

**These rates are reflective of a full time, 12 month employee. For 10 and 11 month employees – an extra prorated deduction will be made during the school year to cover your portion of medical premium over July.