



Caruthers USD PPO Options - 10/1/2023-9/30/2024

12-Month Employees

PLANS	40672D-100-A \$0; Navitus 6-20	40672F-100-B \$20; Navitus 6-20	40672E-90-D \$10; Navitus 6-20	40727C-90-G \$30; Navitus 200 Brand Ded / 10-35	40727A-90-L \$30; Navitus Rx 200/15-90
Provider Network(s):	Hospital Professional				
Calendar Year Deductible(s)	Prudent Buyer Prudent Buyer				
Out-of-Pocket Maximum	\$200 per individual up to \$500 per family \$1000 per individual up to \$3,000 per family				
Out-of-Pocket Maximum is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)	This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay				
Services	Participating Providers Non-Participating Providers				
Office Visits	\$0 co-pay Non-Par Fee				
Emergency Room (non-emergency)	\$100 co-pay				
Outpatient Prescription Drugs	Navitus Rx Plan 6-20				
Supply	Retail Mail				
Brand Name Calendar Year Deductible	30 days 90 days				
Generic Drugs	not applicable				
Brand Name Drugs	\$5 \$0 \$20 \$50				
* All employees have Mutual of Omaha Group Life Insurance billed separately					
Current District Cap \$1,280.05 monthly \$15,360 Annual	Renewal rate effective 10/01/23				
Medical	\$1,673.00 In medical In medical				
Prescription Drugs	\$124.00 \$24.70				
Psychiatric & Substance Abuse	\$1,821.70 \$21,860.40 \$561.65				
Dental (Option 1)	\$111.40 \$1,936.00 \$23,232.00 \$665.95				
Vision	\$111.40 \$1,281.10 \$15,373.20 \$1.05				
Billed per month per contract	Billed annually per contract				
Billed annually per contract	Monthly (12) out of pocket cost				
Monthly (12) out of pocket cost	Denial (Opt on 2)				
	Billed per month per contract				
	Billed annually per contract				
	Monthly (12) out of pocket cost				
	-Mandatory Life Insurance paid monthly				
	4.75				

11-Month Employees

PLANS	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer
Provider Network(s):	Hospital		Professional		Calendar Year Deductible(s)		Out-of-Pocket Maximum		40727A 80-L \$30; Navitus Rr 200/16-80
Calendar Year Deductible(s)	\$0		\$1000 per individual up to \$3,000 per family		\$1000 per individual up to \$3,000 per family		\$200 per individual up to \$500 per family		\$2,000 per individual up to \$4,000 per family
Out-of-Pocket Maximum	\$1000 per individual up to \$3,000 per family		\$1000 per individual up to \$3,000 per family		\$1000 per individual up to \$3,000 per family		\$1000 per individual up to \$500 per family		\$4,000 per individual up to \$8,000 per family
Out-of-Pocket Maximum is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%).	This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay.		This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay.		This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 10% co-insurance.		This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance.		This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance.
Services	Participating Providers		Non-Participating Providers		Participating Providers		Non-Participating Providers		Participating Providers
Office Visits	\$0 co-pay		Non-Par Fee		\$10 co-pay		Non-Par Fee		\$30 co-pay
Emergency Room (waived if admitted)	\$100 co-pay		\$100 co-pay		\$100 co-pay		\$100 co-pay		\$100 co-pay
Ambulance co-pay not waived	Navitus Rx Plan 6-20		Navitus Rx Plan 6-20		Navitus Rx Plan 6-20		Navitus Rx Plan 6-20		Navitus Rx Plan 200 Brand Ded / 16-50
Outpatient Prescription Drugs	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail
Supply	30 days	90 days	30 days	90 days	30 days	90 days	30 days	90 days	30 days
Brand Name Calendar Year Deductible	not applicable		not applicable		not applicable		not applicable		\$200 single/\$500 family (per calendar year beginning January 1)
Generic Drugs	\$5	\$0	\$5	\$0	\$5	\$0	\$5	\$0	\$15
Brand Name Drugs	\$20	\$50	\$20	\$50	\$20	\$50	\$20	\$50	\$50

This is a brief summary of benefits. For details, limitations and exclusion, please refer to the Summary Plan Description.

*All employees have Mutual of Omaha Group Life Insurance billed separately

Current District Cap \$1,280.05 monthly \$15,360.60 Annual	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23
Medical	\$1,801.00	\$1,673.00	\$1,636.00	\$1,294.00	\$1,145.00	\$1,145.00
Prescription Drugs	In medical	In medical	In medical	In medical	In medical	In medical
Psychiatric & Substance Abuse	In medical	In medical	In medical	In medical	In medical	In medical
Dental (Option 1)	\$124.00	\$124.00	\$124.00	\$124.00	\$124.00	\$124.00
Vision	\$23.60	\$23.60	\$23.60	\$23.60	\$23.60	\$23.60
Billed per month per contract	\$1,948.60	\$1,820.60	\$1,785.60	\$1,441.60	\$1,292.60	\$1,292.60
Billed annually per contract	\$23,383.20	\$21,847.20	\$21,427.20	\$17,299.20	\$15,511.20	\$15,511.20
Monthly (11) out of pocket cost	\$729.33	\$589.69	\$551.51	\$176.24	\$13.69	\$13.69
Dental (Option 2)	\$111.40	\$111.40	\$111.40	\$111.40	\$111.40	\$111.40
Billed per month per contract	\$1,936.00	\$1,808.00	\$1,773.00	\$1,429.00	\$1,280.00	\$1,280.00
Billed annually per contract	\$23,232.00	\$21,696.00	\$21,276.00	\$17,148.00	\$15,360.00	\$15,360.00
Monthly (11) out of pocket cost	\$715.58	\$575.96	\$537.76	\$162.49	(\$0.06)	(\$0.06)
*Mandatory Life Insurance paid monthly	4.75	4.75	4.75	4.75	4.75	4.75



Caruthers USD PPO Options -
10/1/2023-9/30/2024

11-Month Married Couple

PLANS Provider Network(s):	40672D 100-A \$0; Navitus 6-20		40672E 100-B \$20; Navitus 5-20		40672E 90-D \$10; Navitus 5-20		40727C 80-G \$30; Navitus 200 Ded/10-35		40727A 80-L \$30; Navitus Rct 200/15-50	
	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer	Prudent Buyer
Calendar Year Deductible(s)	\$0	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$3,000 per family	\$200 per individual up to \$600 per family	\$200 per individual up to \$600 per family	\$500 per individual up to \$1,000 per family	\$500 per individual up to \$1,000 per family	\$2,000 per individual up to \$4,000 per family	\$4,000 per individual up to \$8,000 per family
Out-of-Pocket Maximum	\$0	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$600 per family	\$1,000 per individual up to \$600 per family	\$2,000 per individual up to \$4,000 per family	\$2,000 per individual up to \$4,000 per family	\$2,000 per individual up to \$4,000 per family	\$4,000 per individual up to \$8,000 per family
Out-of-Pocket Maximum is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)		This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay	This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 10% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 10% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance
Office Visits	\$0 co-pay	Non-Par Fee	\$20 co-pay	Non-Par Fee	\$10 co-pay	Non-Par Fee	\$30 co-pay	Non-Par Fee	\$30 co-pay	Non-Par Fee
Emergency Room (waived if admitted) Ambulance co-pay not waived Outpatient Prescription Drugs	\$100 co-pay	Non-Par Fee	\$100 co-pay	Non-Par Fee	\$100 co-pay	Non-Par Fee	\$100 co-pay	Non-Par Fee	\$100 co-pay	Non-Par Fee
Brand Name Calendar Year Deductible	Navitus Rct Plan 5-20	Navitus Rct Plan 5-20	Navitus Rct Plan 5-20	Navitus Rct Plan 5-20	Navitus Rct Plan 5-20	Navitus Rct Plan 5-20	Navitus Rct Plan 200 Brand Ded / 10-35	Navitus Rct Plan 200 Brand Ded / 10-35	Navitus Rct Plan 200 Brand Ded / 15-50	Navitus Rct Plan 200 Brand Ded / 15-50
Supply	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Brand Name Calendar Year Deductible	30 days	90 days	30 days	90 days	30 days	90 days	30 days	90 days	30 days	90 days
Generic Drugs	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	\$200 single/\$500 family (per calendar year beginning January 1)	\$200 single/\$500 family (per calendar year beginning January 1)	\$200 single/\$500 family (per calendar year beginning January 1)	\$200 single/\$500 family (per calendar year beginning January 1)
Brand Name Drugs	\$5	\$0	\$5	\$0	\$5	\$0	\$10	\$0	\$15	\$15
	\$20	\$50	\$20	\$50	\$20	\$50	\$35	\$80	\$50	\$135

This is a brief summary of benefits. For details, limitations and exclusion, please refer to the Summary Plan Description.

*All employees have Mutual of Omaha Group Life Insurance billed separately

Current District Cap \$1,280.05 monthly \$15,360.60 Annual	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23
Medical	\$1,350.75	\$1,254.75	\$1,228.50	\$970.50	\$858.75
Prescription Drugs	In medical	In medical	In medical	In medical	In medical
Psychiatric & Substance Abuse	In medical	In medical	In medical	In medical	In medical
Denial (Option 1)	\$124.00	\$124.00	\$124.00	\$124.00	\$124.00
Vision	\$23.60	\$23.60	\$23.60	\$23.60	\$23.60
Billed per month per contract	\$1,498.35	\$1,402.35	\$1,376.10	\$1,118.10	\$1,008.35
Billed annually per contract	\$17,980.20	\$16,828.20	\$16,513.20	\$13,417.20	\$12,076.20
Monthly (11) out of pocket cost	\$238.15	\$133.42	\$104.78	(\$176.67)	(\$258.56)
Denial (Option 2)	\$111.40	\$111.40	\$111.40	\$111.40	\$111.40
Billed per month per contract	\$1,485.75	\$1,389.75	\$1,363.50	\$1,105.50	\$993.75
Billed annually per contract	\$17,825.00	\$16,677.00	\$16,362.00	\$13,266.00	\$11,925.00
Monthly (11) out of pocket cost	\$224.40	\$119.67	\$91.04	(\$190.42)	(\$312.33)
*Mandatory Life Insurance paid monthly					
	4.75	4.75	4.75	4.75	4.75

Updated 5-25-2023 dh



Caruthers USD PPO Options - 10/1/2023-9/30/2024

10-Month Part-time Employees 6.5

PLANS	40672D 100-A \$0; Navitus 6-20	40672F 100-B \$20; Navitus 6-20	40672E 90-D \$10; Navitus 6-20	40727C 90-G \$30; Navitus 200 Brand Ded / 10-35	40727A 90-L \$30; Navitus Rx 200/15-50
Provider Network(s):	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer
Hospital					
Professional					
Calendar Year Deductible(s)	\$0	\$100 per individual up to \$300 per family	\$200 per individual up to \$500 per family	\$500 per individual up to \$1000 per family	\$2,000 per individual up to \$4,000 per family
Out-of-Pocket Maximum	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$3,000 per family	\$1,000 per individual up to \$3,000 per family	\$2,000 per individual up to \$4,000 per family	\$4,000 per individual up to \$8,000 per family
Out-of-Pocket Maximum is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%).	This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay	This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 10% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance
Services					
Office Visits	Participating Providers \$0 co-pay	Participating Providers \$20 co-pay	Participating Providers \$10 co-pay	Participating Providers \$30 co-pay	Participating Providers \$30 co-pay
Emergency Room (non-emergency)	Non-Participating Providers Non-Par Fee	Non-Participating Providers Non-Par Fee	Non-Participating Providers Non-Par Fee	Non-Participating Providers Non-Par Fee	Non-Participating Providers Non-Par Fee
	\$100 Co-Pay	\$100 co-pay	\$100 Co-Pay	\$100 Co-Pay	\$100 Co-Pay
Outpatient Prescription Drugs	Navitus Rx Plan 6-20	Navitus Rx Plan 6-20	Navitus Rx Plan 6-20	Navitus Rx Plan 200 Brand Ded / 10-35	Navitus Rx Plan 200 Brand Ded / 15-50
Supply	Retail 30 days	Retail 30 days	Retail 30 days	Retail 30 days	Retail 30 days
Brand Name Calendar Year Deductible	Mail 90 days	Mail 90 days	Mail 90 days	Mail 90 days	Mail 90 days
Generic Drugs	not applicable	not applicable	not applicable	\$200 single/\$500 family (per calendar year beginning January 1)	\$200 single/\$500 family (per calendar year beginning January 1)
Brand Name Drugs	\$5	\$5	\$5	\$10	\$15
Brand Name Drugs	\$20	\$20	\$20	\$35	\$50

This is a brief summary of benefits. For details, limitations and exclusion, please refer to the Summary Plan Description.

*All employees have Mutual of Omaha Group Life Insurance billed separately

District Cap for part-time employees is 81% of current cap \$1,131.10 per month or \$12,442.09 per year over 11 months

	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23
Current District Cap \$1,280.05 monthly \$15,360.60 Annual					
Medical	\$1,801.00	\$1,673.00	\$1,638.00	\$1,294.00	\$1,145.00
Prescription Drugs	In medical	In medical	In medical	In medical	In medical
Psychiatric & Substance Abuse	In medical	In medical	In medical	In medical	In medical
Dental (Option 1)	\$124.00	\$124.00	\$124.00	\$124.00	\$124.00
Vision	\$23.60	\$23.60	\$23.60	\$23.60	\$23.60
Billed per month per contract	\$1,948.60	\$1,820.60	\$1,785.60	\$1,441.60	\$1,292.60
Billed annually per contract	\$23,383.20	\$21,847.20	\$21,427.20	\$17,299.20	\$15,511.20
Monthly (11) out of pocket cost	\$954.65	\$855.01	\$816.83	\$441.56	\$279.01
Dental (Option 2)	\$111.40	\$111.40	\$111.40	\$111.40	\$111.40
Billed per month per contract	\$1,936.00	\$1,808.00	\$1,773.00	\$1,426.00	\$1,280.00
Billed annually per contract	\$23,232.00	\$21,696.00	\$21,276.00	\$17,148.00	\$15,360.00
Monthly (11) out of pocket cost	\$860.90	\$841.26	\$803.08	\$427.81	\$265.26
*Mandatory Life Insurance paid monthly	4.75	4.75	4.75	4.75	4.75

Updated 6-25-2023 dh



Caruthers USD PPO Options - 10/1/2023 - 9/30/2024

10-Month Part-time Employees 6.0

PLANS	40672D 100-A \$0; Navitus 6-20	40672F 100-B \$20; Navitus 6-20	40672E 90-D \$10; Navitus 6-20	40727C 90-G \$30; Navitus 200 Brand Ded / 10-35	40727A 90-L \$30; Navitus Rr. 200/16-60
Provider Network(s):	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer	Prudent Buyer Prudent Buyer
Hospital					
Professional					
Calendar Year Deductible(s)	\$0				
Out-of-Pocket Maximum	\$1000 per individual up to \$3,000 per family	\$100 per individual up to \$300 per family \$1000 per individual up to \$3,000 per family	\$200 per individual up to \$500 per family \$1000 per individual up to \$3,000 per family	\$500 per individual up to \$1000 per family \$2000 per individual up to \$4000 per family	\$2,000 per individual up to \$4,000 per family \$4,000 per individual up to \$9,000 per family
Out-of-Pocket Maximum is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)	This plan's Annual Out of Pocket Maximum includes the member's emergency room ambulance \$100 co-pay.	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 10% co-insurance.	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance.	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance.	This plan's Annual Out of Pocket Maximum includes the member's deductible, co-pays and 20% co-insurance.
Services					
Office Visits	Participating Providers \$0 co-pay Non-Participating Providers Non-Par Fee	Participating Providers \$20 co-pay Non-Participating Providers Non-Par Fee	Participating Providers \$10 co-pay Non-Participating Providers Non-Par Fee	Participating Providers \$30 co-pay Non-Participating Providers Non-Par Fee	Participating Providers \$30 co-pay Non-Participating Providers Non-Par Fee
Emergency Room (non-emergency)	\$100 Co-Pay	\$100 co-pay	\$100 Co-Pay	\$100 Co-Pay	\$100 Co-Pay
Outpatient Prescription Drugs	Navitus Rr Plan 6-20	Navitus Rr Plan 6-20	Navitus Rr Plan 6-20	Navitus Rr Plan 200 Brand Ded / 10-35	Navitus Rr. Plan 200 Brand Ded / 16-60
Supply	Retail 30 days Mail 90 days	Retail 30 days Mail 90 days	Retail 30 days Mail 90 days	Retail 30 days Mail 90 days	Retail 30 days Mail 90 days
Brand Name Calendar Year Deductible	not applicable	not applicable	not applicable	\$200 single/\$500 family (per calendar year beginning January 1)	\$200 single/\$500 family (per calendar year beginning January 1)
Generic Drugs	\$5 \$0	\$5 \$0	\$5 \$0	\$10 \$0	\$15 \$15
Brand Name Drugs	\$20 \$50	\$20 \$50	\$20 \$50	\$35 \$90	\$50 \$135

This is a brief summary of benefits. For details, limitations and exclusion, please refer to the Summary Plan Description.

*All employees have Mutual of Omaha Group Life Insurance billed separately

District Cap for part-time employees is 7.5% of current cap \$1,047.31 per month or \$11,520.45 per year over 11 months

Current District Cap \$1,280.05 monthly
\$15,360.60 Annual

	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23	Renewal rate effective 10/01/23
Medical	\$1,601.00 In medical In medical \$124.00 \$23.60	\$1,673.00 In medical In medical \$124.00 \$23.60	\$1,638.00 In medical In medical \$124.00 \$23.60	\$1,294.00 In medical In medical \$124.00 \$23.60	\$1,145.00 In medical In medical \$124.00 \$23.60
Prescription Drugs	\$1,948.60	\$1,820.60	\$1,785.60	\$1,441.60	\$1,292.60
Psychiatric & Substance Abuse	\$23,383.20	\$21,847.20	\$21,427.20	\$17,299.20	\$15,511.20
Dental (Option 1)	\$1,078.43	\$938.80	\$900.61	\$525.34	\$362.80
Vision					
Billed per month per contract					
Billed annually per contract					
Monthly (11) out of pocket cost					
Dental (Option 2)	\$111.40	\$111.40	\$111.40	\$111.40	\$111.40
Billed per month per contract					
Billed annually per contract	\$1,936.00	\$1,808.00	\$1,773.00	\$1,425.00	\$1,280.00
Monthly (11) out of pocket cost	\$23,232.00 \$1,064.69	\$21,696.00 \$925.05	\$21,276.00 \$886.87	\$17,148.00 \$511.60	\$15,360.00 \$349.05
*Mandatory Life Insurance paid monthly	4.75	\$4.75	\$4.75	\$4.75	\$4.75

Updated 5-25-2023 dh

KAISER	2023-2024	11 Month Employees	11 Month Part-time Employees 6.0 hours	11 Month Part-time Employees 6.5 hours
	12 Month Employees	\$0 OV \$5 Rx	\$0 OV \$5 Rx	\$0 OV \$5 Rx
Composite Rate	\$1,454.00	\$1,586.18	\$1,586.18	\$1,586.18
Dental Option 1	\$124.00	\$135.27	\$135.27	\$135.27
Vision	\$23.60	\$25.75	\$25.75	\$25.75
Total	\$1,601.60	\$1,747.20	\$1,747.20	\$1,747.20
District Cap	\$1,280.05	\$1,396.42	\$1,047.31	\$1,131.10
Monthly Cost	\$321.55	\$350.78	\$699.89	\$842.79
Dental Option 2	\$111.40	\$121.53	\$121.53	\$121.53
Vision	\$23.60	\$25.75	\$25.75	\$25.75
Total	\$1,589.00	\$1,733.45	\$1,733.45	\$1,733.45
District Cap	\$1,280.05	\$1,396.42	\$1,047.31	\$1,131.10
Monthly Cost	\$308.95	\$337.04	\$686.14	\$602.36
	* Life Ins \$50,000.00	\$4.75	\$4.75	\$4.75
	* All employees have life insurance billed separately (NOT PRE-TAXED)			
Emergency Room Co-pay is \$100.00 waived if admitted directly to the hospital				
Ambulance Co-pay \$50.00 per trip				
Out-of-Pocket Maximum \$1,500 per individual up to \$3,000 per family				
Kaiser Composit rate does include Chiropractic and Acupuncture Benefits \$10.00 copay per visit				
Office visit limit: Up to combined total of 30 medically necessary Chiropractic and Acupuncture visits per year				
To add spouse copy of marriage certificate required, to add dependents copy of birth certificate required.				
Updated 5-25-23 dh				

KAISER	2023-2024 Married Couple in the District	
	12 Month Employees \$0 OV \$5 Rx	11 Month Employees \$0 OV \$5 Rx
Composite Rate	\$1,090.50	\$1,189.64
Dental Option 1	\$124.00	\$135.27
Vision	\$23.60	\$25.75
Total	\$1,238.10	\$1,350.65
District Cap	\$1,280.05	\$1,396.42
Monthly Cost	(\$41.95)	(\$45.76)
Dental Option 2	\$111.40	\$121.53
Vision	\$23.60	\$25.75
Total	\$1,225.50	\$1,336.91
District Cap	\$1,280.05	\$1,396.42
Monthly Cost	(\$54.55)	(\$59.51)
* Life Ins \$50,000.00	\$4.75	\$4.75
* All employees have life insurance billed separately (NOT PRE-TAXED)		
Emergency Room Co-pay is \$100.00 waived if admitted directly to the hospital		
Ambulance Co-pay \$50.00 per trip		
Out-of-Pocket Maximum \$1,500 per individual up to \$3,000 per family		
Kaiser Composit rate does include Chiropractic and Acupuncture Benefits \$10.00 copay per visit		
Office visit limit: Up to a combined total of 30 medically necessary Chiropractic and Acupuncture visits per year		
To add spouse copy of marriage certificate required, to add dependents copy of birth certificate required.		
Updated 5-25-23 dh		