

SOUTHERN KERN UNIFIED SCHOOL DISTRICT
MAINTAINING EXCELLENCE

CLASSIFIED & CONFIDENTIAL HEALTH PLAN OPTIONS/Delta Dental

Effective October 1, 2023 - September 30, 2024

10 Monthly Payroll Deductions - September thru June

PLAN OPTIONS	PLAN CHOICES		
Medical Plan	Anthem Blue Cross 100C 40093E	Anthem Blue Cross 80E 40093H	Kaiser Permanente 234480-0008ABN
Ind/Family Deductible	\$200/\$400	\$300/\$600	NA
Max OOP*	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$1,500
Coverage	100%	80%	NA
Office Visit	\$20	\$20	\$10
Prescription**	\$7/\$25	\$7/\$25	\$10
Vision Services Plan	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year Plus Kaiser Vision Plan
Delta Dental PPO Incentive w/ Orthodontics	70% - 100% \$1,500/\$1,700 Max \$2,000 Lifetime Ortho	70% - 100% \$1,500/\$1,700 Max \$2,000 Lifetime Ortho	70% - 100% \$1,500/\$1,700 Max \$2,000 Lifetime Ortho
Mutual of Omaha Employee Life Insurance	\$50,000.00	\$50,000.00	\$50,000.00

SISC PLANS	Ten (10) Monthly payroll deduction based on number of hours worked																
	4.00	4.25	4.50	4.75	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50	7.75	8.00
Anthem 100-C	1,282.08	1,224.42	1,166.77	1,109.11	1,051.46	993.80	936.14	878.49	820.83	763.17	705.52	647.86	590.21	532.55	474.89	417.24	359.58
Anthem 80-E	1,060.08	1,002.42	944.77	887.11	829.46	771.80	714.14	656.49	598.83	541.17	483.52	425.86	368.21	310.55	252.89	195.24	137.58
Kaiser	966.48	908.82	851.17	793.51	735.86	678.20	620.54	562.89	505.23	447.57	389.92	332.26	274.61	216.95	159.29	101.64	43.98

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MAINTAINING EXCELLENCE

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Medical Plan	Anthem Blue Cross 100C 40093E	Anthem Blue Cross 80E 40093H	Kaiser Permanente 234480-0008ABN
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Prescription**	\$7/\$25	\$7/\$25	\$10
Vision Services Plan	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year Plus Kaiser Vision Plan
Anthem Dental Essential Choice PPO \$4000	\$4,000 Max \$2,000 Lifetime Ortho	\$4,000 Max \$2,000 Lifetime Ortho	\$4,000Max \$2,000 Lifetime Ortho
Mutual of Omaha Employee Life Insurance	\$50,000.00	\$50,000.00	\$50,000.00

SISC PLANS	Ten (10) Monthly payroll deduction based on number of hours worked																
	4.00	4.25	4.50	4.75	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50	7.75	8.00
Anthem 100-C	1,264.80	1,207.14	1,149.49	1,091.83	1,034.18	976.52	918.86	861.21	803.55	745.89	688.24	630.58	572.93	515.27	457.61	399.96	342.30
Anthem 80-E	1,042.80	985.14	927.49	869.83	812.18	754.52	696.86	639.21	581.55	523.89	466.24	408.58	350.93	293.27	235.61	177.96	120.30
Kaiser	949.20	891.54	833.89	776.23	718.58	660.92	603.26	545.61	487.95	430.29	372.64	314.98	257.33	199.67	142.01	84.36	26.70