

**2023 - 2024 RATES AT A GLANCE  
CERTIFICATED EMPLOYEES**

<b>GRANDFATHERED EMPLOYEES</b>				
<b>ACTIVE EMPLOYEES (Hired before 01/01/2012) October through July deductions (10 deductions)</b>				
<b>PLAN</b>	<b>RATES PER PAYCHECK</b>			
	<b>FULL TIME</b>	<b>6 HRS</b>	<b>5 HRS</b>	<b>4 HRS</b>
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$759.32	\$1,114.36	\$1,469.15	\$1,824.18
Blue Shield PPO	\$965.44	\$1,320.47	\$1,675.26	\$2,030.29
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$5.91	\$11.82	\$17.73
Delta PPO	\$0.00	\$21.08	\$42.14	\$63.22
<b>HEADSTART EMPLOYEES (Hired on or before 06/30/2006) October through June deductions (9 deductions)</b>				
<b>PLAN</b>	<b>RATES PER PAYCHECK</b>			
	<b>FULL TIME</b>	<b>6 HRS</b>	<b>5 HRS</b>	<b>4 HRS</b>
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$843.69	\$1,238.18	\$1,632.39	\$2,026.87
Blue Shield PPO	\$1,072.71	\$1,467.19	\$1,861.40	\$2,255.88
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$6.57	\$13.13	\$19.70
Delta PPO	\$0.00	\$23.42	\$46.82	\$70.24
<b>NON-GRANDFATHERED EMPLOYEES</b>				
<b>ACTIVE EMPLOYEES (Hired on or after 01/01/2012) October through July deductions (10 deductions)</b>				
<b>PLAN</b>	<b>RATES PER PAYCHECK</b>			
	<b>FULL TIME</b>	<b>6 HRS</b>	<b>5 HRS</b>	<b>4 HRS</b>
Blue Shield Access+ HMO	\$0.00	\$202.51	\$404.88	\$607.39
Blue Shield Trio ACO HMO	\$0.00	\$178.65	\$357.17	\$535.81
Blue Shield Tandem PPO	\$970.63	\$1,174.22	\$1,377.67	\$1,581.25
Blue Shield PPO	\$1,122.30	\$1,325.89	\$1,529.33	\$1,732.92
Kaiser Plan 6	\$0.00	\$203.59	\$407.03	\$610.62
Kaiser Plan 12	\$0.00	\$186.06	\$372.00	\$558.06
DeltaCare USA HMO	\$0.00	\$5.91	\$11.82	\$17.73
Delta PPO	\$0.00	\$21.08	\$42.14	\$63.22
<b>HEADSTART EMPLOYEES (Hired after 06/30/2006) October through June deductions (9 deductions)</b>				
<b>PLAN</b>	<b>RATES PER PAYCHECK</b>			
	<b>FULL TIME</b>	<b>6 HRS</b>	<b>5 HRS</b>	<b>4 HRS</b>
Blue Shield Access+ HMO	\$0.00	\$225.01	\$449.87	\$674.88
Blue Shield Trio ACO HMO	\$0.00	\$198.50	\$396.85	\$595.35
Blue Shield Tandem PPO	\$1,078.48	\$1,304.69	\$1,530.74	\$1,756.95
Blue Shield PPO	\$1,247.00	\$1,473.21	\$1,699.26	\$1,925.47
Kaiser Plan 6	\$0.00	\$226.21	\$452.26	\$678.47
Kaiser Plan 12	\$0.00	\$206.74	\$413.33	\$620.06
DeltaCare USA HMO	\$0.00	\$6.57	\$13.13	\$19.70
Delta PPO	\$0.00	\$23.42	\$46.82	\$70.24

**CLASSIFIED EMPLOYEES**

**GRANDFATHERED EMPLOYEES (Hired on or before 06/30/2006)**

**ACTIVE EMPLOYEES September through June deductions (20 deductions)**

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$379.66	\$424.01	\$468.36	\$512.71	\$557.18	\$601.53	\$645.88	\$690.23	\$734.57	\$778.92	\$823.27	\$867.74	\$912.09
Blue Shield PPO	\$482.72	\$527.07	\$571.41	\$615.76	\$660.24	\$704.58	\$748.93	\$793.28	\$837.63	\$881.98	\$926.33	\$970.80	\$1,015.15
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12 (Management Only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$0.74	\$1.48	\$2.22	\$2.96	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.39	\$8.13	\$8.86
Delta PPO	\$0.00	\$2.63	\$5.27	\$7.90	\$10.54	\$13.17	\$15.81	\$18.44	\$21.07	\$23.70	\$26.34	\$28.98	\$31.61

**HEADSTART EMPLOYEES / BUS DRIVERS & TRANSPORTATION ASSISTANTS September through May deductions (18 deductions)**

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio ACO HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Tandem PPO	\$421.85	\$471.12	\$520.40	\$569.67	\$619.09	\$668.36	\$717.64	\$766.92	\$816.19	\$865.47	\$914.74	\$964.16	\$1,013.43
Blue Shield PPO	\$536.35	\$585.63	\$634.91	\$684.18	\$733.60	\$782.87	\$832.15	\$881.42	\$930.70	\$979.98	\$1,029.25	\$1,078.67	\$1,127.94
Kaiser Plan 6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Plan 12 (Management Only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DeltaCare USA HMO	\$0.00	\$0.82	\$1.64	\$2.46	\$3.28	\$4.10	\$4.92	\$5.75	\$6.57	\$7.39	\$8.21	\$9.03	\$9.85
Delta PPO	\$0.00	\$2.93	\$5.85	\$8.77	\$11.71	\$14.64	\$17.56	\$20.49	\$23.41	\$26.34	\$29.26	\$32.20	\$35.12

**NON-GRANDFATHERED EMPLOYEES (Hired after 06/30/2006)**

**ACTIVE EMPLOYEES September through June deductions (20 deductions)**

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$25.30	\$50.59	\$75.89	\$101.26	\$126.55	\$151.85	\$177.14	\$202.44	\$227.74	\$253.03	\$278.40	\$303.70
Blue Shield Trio ACO HMO	\$0.00	\$22.32	\$44.63	\$66.95	\$89.32	\$111.64	\$133.95	\$156.27	\$178.58	\$200.90	\$223.21	\$245.59	\$267.91
Blue Shield Tandem PPO	\$485.32	\$510.75	\$536.18	\$561.61	\$587.11	\$612.54	\$637.97	\$663.40	\$688.83	\$714.26	\$739.69	\$765.20	\$790.63
Blue Shield PPO	\$561.15	\$586.58	\$612.01	\$637.44	\$662.94	\$688.37	\$713.81	\$739.24	\$764.67	\$790.10	\$815.53	\$841.03	\$866.46
Kaiser Plan 6	\$0.00	\$25.43	\$50.86	\$76.29	\$101.79	\$127.22	\$152.66	\$178.09	\$203.52	\$228.95	\$254.38	\$279.88	\$305.31
Kaiser Plan 12 (Management Only)	\$0.00	\$23.24	\$46.48	\$69.72	\$93.03	\$116.27	\$139.51	\$162.76	\$186.00	\$209.24	\$232.48	\$255.79	\$279.03
DeltaCare USA HMO	\$0.00	\$0.74	\$1.48	\$2.22	\$2.96	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.39	\$8.13	\$8.86
Delta PPO	\$0.00	\$2.63	\$5.27	\$7.90	\$10.54	\$13.17	\$15.81	\$18.44	\$21.07	\$23.70	\$26.34	\$28.98	\$31.61

**HEADSTART EMPLOYEES / BUS DRIVERS & TRANSPORTATION ASSISTANTS September through May deductions (18 deductions)**

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	\$0.00	\$28.11	\$56.21	\$84.32	\$112.51	\$140.61	\$168.72	\$196.83	\$224.93	\$253.04	\$281.15	\$309.33	\$337.44
Blue Shield Trio ACO HMO	\$0.00	\$24.79	\$49.59	\$74.38	\$99.25	\$124.04	\$148.84	\$173.63	\$198.43	\$223.22	\$248.02	\$272.88	\$297.67
Blue Shield Tandem PPO	\$539.24	\$567.50	\$595.75	\$624.01	\$652.34	\$680.60	\$708.86	\$737.11	\$765.37	\$793.63	\$821.88	\$850.22	\$878.47
Blue Shield PPO	\$623.50	\$651.76	\$680.01	\$708.27	\$736.60	\$764.86	\$793.12	\$821.37	\$849.63	\$877.89	\$906.14	\$934.48	\$962.73
Kaiser Plan 6	\$0.00	\$28.26	\$56.51	\$84.77	\$113.10	\$141.36	\$169.62	\$197.87	\$226.13	\$254.39	\$282.64	\$310.98	\$339.23
Kaiser Plan 12 (Management Only)	\$0.00	\$25.82	\$51.65	\$77.47	\$103.37	\$129.19	\$155.02	\$180.84	\$206.66	\$232.49	\$258.31	\$284.21	\$310.03
DeltaCare USA HMO	\$0.00	\$0.82	\$1.64	\$2.46	\$3.28	\$4.10	\$4.92	\$5.75	\$6.57	\$7.39	\$8.21	\$9.03	\$9.85
Delta PPO	\$0.00	\$2.93	\$5.85	\$8.78	\$11.71	\$14.64	\$17.56	\$20.49	\$23.41	\$26.34	\$29.26	\$32.20	\$35.12