



TEMPLE CITY UNIFIED SCHOOL DISTRICT
2024 Benefit Premiums
Region 3: Los Angeles, Riverside, San Bernardino

TCUSD Annual Contribution goes towards Medical (Section A), Dental (Section B), Vision (Section C) & Life Insurance (Section D)

2024 TCUSD District Contribution Amounts

TCEA: \$9,250.00

CSEA 105: \$9,000.00

CSEA 823: \$9,250.00

Management: \$9,250.00

SECTION A: MEDICAL (If you live outside of Region 3, please contact HR for rates in your region.)

Region 3: Los Angeles, Riverside, San Bernardino	EMPLOYEE ONLY		EMPLOYEE AND ONE DEPENDENT **		EMPLOYEE AND 2+ DEPENDENTS **	
	TENTHLY	ANNUAL	TENTHLY	ANNUAL	TENTHLY	ANNUAL
CALPERS MEDICAL						
PERS Gold PPO	942.34	9,423.36	1,884.67	18,846.72	2,450.08	24,500.76
PERS Platinum PPO	1,357.76	13,577.64	2,715.53	27,155.28	3,530.18	35,301.84
Anthem Blue Cross Select HMO	1,009.36	10,093.56	2,018.71	20,187.12	2,624.33	26,243.28
Anthem Blue Cross Traditional HMO	1,215.20	12,152.04	2,430.41	24,304.08	3,159.53	31,595.28
Blue Shield Access+ HMO	907.98	9,079.80	1,815.96	18,159.60	2,360.75	23,607.48
Blue Shield Trio HMO	845.63	8,456.28	1,691.26	16,912.56	2,198.63	21,986.28
Health Net Salud y Más	756.16	7,561.56	1,512.31	15,123.12	1,966.01	19,660.08
Kaiser Permanente	1,038.49	10,384.92	2,076.98	20,769.84	2,700.08	27,000.84
UnitedHealthcare Alliance	991.73	9,917.28	1,983.46	19,834.56	2,578.49	25,784.88
UnitedHealthcare Harmony	881.71	8,817.12	1,763.42	17,634.24	2,292.46	22,924.56

THE ABOVE MEDICAL RATES DO NOT REFLECT THE ADMINISTRATIVE FEE FROM CALPERS

Dependent children are eligible for Medical coverage through the end of the month that dependent turns 26 years of age.

Effective January 1, 2024, Health Net SmartCare is no longer part of CalPERS health plan offerings.

For details of health plan changes, follow the link here to CalPERS: [View Annual Health Plan Changes](#).

SECTION B: DENTAL

DENTAL	TENTHLY	ANNUAL
Delta Dental Premier– Employee and Family Dependent children are eligible for coverage through the end of the month they turn 26 years of age.	108.00	1,080.00
Delta Care DHMO – Employee and Family Selected Dentist FACILITY # _____ Dependent children are eligible for coverage through the end of the month they turn 26 years of age.	40.71	407.10

SECTION C: VISION

VISION PLANS	TENTHLY	ANNUAL
VSP - Employee Only	16.00	160.00
VSP - 2 or more Dependent children are eligible for coverage through the end of the month they turn 26 years of age.	35.00	350.00

SECTION D: LIFE INSURANCE

UNUM Employee BASIC LIFE and AD&D INSURANCE	TENTHLY	ANNUAL
Employee working at least 15 hours per week is insured at - \$50,000 (Level Term)	5.70	57.00
Employee working less than 15 hours per week is insured at - \$10,000 (Level Term)	1.14	11.40
UNUM Dependent BASIC LIFE and AD&D INSURANCE	TENTHLY	ANNUAL
To Add Dependent Life and AD&D Insurance you must also select Employee Basic Life and AD&D Insurance Coverage Spouse is covered at \$5,000; Dependent Children aged 15 days to 6 months at \$1,000; aged 6 months to 26 years old at \$5,000 Indicate number of Dependents _____	0.72	7.20