SELMA UNIFIED SCHOOL DISTRICT

2024-2025 HEALTH INSURANCE RATES 5/1/24

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		1	GROUP:	SUIA ACTIVE	Γ	Г	A I	A 1
PLAN NAME	BCS 100-B	BCS 100-G	BCS 90-G	BCS 80-G	HSA-B	Kaiser Traditional	Anchor Bronze-Single	Anchor Bronze-Dependen
PLAN NUMBER	40684C	40684F	40684A	40684B	40684D	\$30 OV	70684B	70684B
Rx CO-PAYS	\$7/\$25	\$7/\$25	\$7/\$25	\$7/\$25	In Medical	\$10/\$30	\$9/\$35	\$9/\$35
Rx DEDUCTIBLES	\$0	\$0	\$0	\$0	In Medical	\$0	In Medical	In Medical
DR. VISIT CO-PAYS	\$10	\$20	\$20	\$30	In Medical	\$30	In Medical	In Medical
MEDICAL DEDUCTIBLES	\$100/\$300	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$3,000/\$5,200	\$0	\$5,000	\$5,000/\$10,000
MEDICAL CO-PAYS	0%	0%	10%	20%	10%	\$0	30%	30%
OUT-OF-POCKET MAX	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$5,000/\$10,000	\$1,500/\$3,000	\$6,350	\$6,350/\$12,700
MONTHLY MEDICAL COST	\$1,769.00	\$1,620.00	\$1,543.00	\$1,405.00	\$1,053.00	\$1,450.00	\$593.00	\$948.00
DELTA INCENTIVE	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00
DELTA PPO	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00
SISC DENTAL (formerly Anthem Dental)	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
VSP SIGNATURE \$10	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30
TOTAL MONTHLY COST W/INCENTIVE (TWELFLY)	\$1,889.30	\$1,740.30	\$1,663.30	\$1,525.30	\$1,173.30	\$1,570.30	\$713.30	\$1,068.30
TOTAL MONTHLY COST W/PPO (TWELFLY)	\$1,877.30	\$1,728.30	\$1,651.30	\$1,513.30	\$1,161.30	\$1,558.30	\$701.30	\$1,056.30
TOTAL MONTHLY COST W/ANTHEM (TWELFLY)	\$1,881.30	\$1,732.30	\$1,655.30	\$1,517.30	\$1,165.30	\$1,562.30	\$705.30	\$1,060.30
TOTAL MONTHLY COST W/INCENTIVE (TENTHLY)	\$2,267.16	\$2,088.36	\$1,995.96	\$1,830.36	\$1,407.96	\$1,884.36	\$855.96	\$1,281.96
TOTAL MONTHLY COST W/PPO (TENTHLY)	\$2,252.76	\$2,073.96	\$1,981.56	\$1,815.96	\$1,393.56	\$1,869.96	\$841.56	\$1,267.56
TOTAL MONTHLY COST W/ANTHEM (TENTHLY)	\$2,257.56	\$2,078.76	\$1,986.36	\$1,820.76	\$1,398.36	\$1,874.76	\$846.36	\$1,272.36
DISTRICT TENTHLY CONTRIB.	\$1,580.00	\$1,580.00	\$1,580.00	\$1,580.00	\$1,580.00	\$1,580.00	\$1,580.00	\$1,580.00
EMP. CONTRIB. W/INCENTIVE	\$687.16	\$508.36	\$415.96	\$250.36	(\$172.04)	\$304.36	(\$724.04)	(\$298.04)
EMP. CONTRIB. W/PPO	\$672.76	\$493.96	\$401.56	\$235.96	(\$186.44)	\$289.96	(\$738.44)	(\$312.44)
EMP. CONTRIB. W/SISC	\$677.56	\$498.76	\$406.36	\$240.76	(\$181.64)	\$294.76	(\$733.64)	(\$307.64)

SELMA UNIFIED SCHOOL DISTRICT

2024-2025 HEALTH INSURANCE RATES 5/1/24

GROUP: SUTA ACTIVE MARRIED BCS 100-G BCS 90-G BCS 80-G HSA-B BCS 100-B **PLAN NAME** PLAN NUMBER 40684C 40684F 40684A 40684B 40684D \$7/\$25 \$7/\$25 \$7/\$25 \$7/\$25 In Medical Rx CO-PAYS **Rx DEDUCTIBLES** \$0 \$0 \$0 \$0 In Medical \$10 \$20 \$20 \$30 In Medical DR. VISIT CO-PAYS \$100/\$300 \$500/\$1,000 \$500/\$1,000 \$500/\$1,000 \$3,000/\$5,200 MEDICAL DEDUCTIBLES 10% MEDICAL CO-PAYS 0% 0% 10% 20% \$1,000/\$3,000 \$1,000/\$3,000 \$2,000/\$4,000 \$5,000/\$10,000 **OUT-OF-POCKET MAX** \$1,000/\$3,000 \$789.75 \$1,326.75 \$1,215.00 \$1,157.25 \$1,053.75 MONTHLY MEDICAL COST \$103.00 \$103.00 **DELTA INCENTIVE** \$103.00 \$103.00 \$103.00 \$91.00 \$91.00 \$91.00 **DELTA PPO** \$91.00 \$91.00 SISC DENTAL (formerly Anthem \$95.00 \$95.00 \$95.00 \$95.00 \$95.00 Dental) **VSP SIGNATURE \$10** \$17.30 \$17.30 \$17.30 \$17.30 \$17.30 TOTAL MONTHLY COST W/INCENTIVE \$1,277.55 \$1,174.05 \$910.05 \$1,447.05 \$1,335.30 (TWELFLY) TOTAL MONTHLY COST W/PPO (TWELFLY) \$1,435.05 \$1,323.30 \$1,265,55 \$1,162.05 \$898.05 TOTAL MONTHLY COST W/ANTHEM \$1,439.05 \$1,327.30 \$1,269.55 \$1,166.05 \$902.05 (TWELFLY) TOTAL MONTHLY COST W/INCENTIVE \$1,736.46 \$1,602.36 \$1,533.06 \$1,408.86 \$1,092.06 (TENTHLY) TOTAL MONTHLY COST W/PPO \$1,394,46 (TENTHLY) \$1,722.06 \$1,587.96 \$1.518.66 \$1.077.66 TOTAL MONTHLY COST W/ANTHEM \$1,726.86 \$1,592.76 \$1,523,46 \$1,399.26 \$1,082.46 (TENTHLY) \$1,580.00 \$1,580.00 \$1,580.00 DISTRICT TENTHLY CONTRIB. \$1,580.00 \$1,580.00 EMP. CONTRIB. W/INCENTIVE \$156.46 \$22.36 (\$46.94)(\$171.14)(\$487.94)(\$502.34)\$142.06 \$7.96 (\$61.34)(\$185.54)EMP. CONTRIB. W/PPO

\$12.76

EMP. CONTRIB. W/SISC

\$146.86

(\$56.54)

(\$180.74)

(\$497.54)

SELMA UNIFIED SCHOOL DISTRICT

2024-2025 HEALTH INSURANCE RATES 5/1/24

GROUP: SUTA ACTIVE - 50% JOB SHARE

	GROUP: SUTA ACTIVE - 50% JOB SHARE									
PLAN NAME	BCS 100-B	BCS 100-G	BCS 90-G	BCS 80-G	HSA-B	Kaiser Traditional	Anchor Bronze-Single	Anchor Bronze-Dependent		
PLAN NAME	DC3 100-D	BC3 100-G	BC3 30-G	BC5 00-G	TIOA-B	Traditional	Bronze-onigie	Bronze-Bependent		
PLAN NUMBER	40684C	40684F	40684A	40684B	40684D	\$30 OV	70684B	70684B		
Rx CO-PAYS	\$7/\$25	\$7/\$25	\$7/\$25	\$7/\$25	In Medical	\$10/\$30	\$9/\$35	\$9/\$35		
Rx DEDUCTIBLES	\$0	\$0	\$0	\$0	In Medical	\$0	In Medical	In Medical		
DR. VISIT CO-PAYS	\$10	\$20	\$20	\$30	In Medical	\$30	In Medical	In Medical		
MEDICAL DEDUCTIBLES	\$100/\$300	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$3,000/\$5,200	\$0	\$5,000	\$5,000/\$10,000		
MEDICAL CO-PAYS	0%	0%	10%	20%	10%	\$0	30%	30%		
OUT-OF-POCKET MAX	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$5,000/\$10,000	\$1,500/\$3,000	\$6,350	\$6,350/\$12,700		
MONTHLY MEDICAL COST	\$1,769.00	\$1,620.00	\$1,543.00	\$1,405.00	\$1,053.00	\$1,450.00	\$593.00	\$948.00		
DELTA INCENTIVE	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00	\$103.00		
DELTA PPO	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00		
SISC DENTAL (formerly Anthem Dental)	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00		
VSP SIGNATURE \$10	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30	\$17.30		
TOTAL MONTHLY COST W/INCENTIVE (TWELFLY)	\$1,889.30	\$1,740.30	\$1,663.30	\$1,525.30	\$1,173.30	\$1,570.30	\$713.30	\$1,068.30		
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TOTAL MONTHLY COST W/PPO (TENTHLY)	\$2,252.76	\$2,073.96	\$1,981.56	\$1,815.96	\$1,393.56	\$1,869.96	\$841.56	\$1,267.56		
TOTAL MONTHLY COST W/ANTHEM (TENTHLY)	\$2,257.56	\$2,078.76	\$1,986.36	\$1,820.76	\$1,398.36	\$1,874.76	\$846.36	\$1,272.36		
DISTRICT TENTHLY CONTRIB.	\$790.00	\$790.00	\$790.00	\$790.00	\$790.00	\$790.00	\$790.00	\$790.00		
EMP. CONTRIB. W/INCENTIVE	\$1,477.16	\$1,298.36	\$1,205.96	\$1,040.36	\$617.96	\$1,094.36	\$65.96	\$491.96		
EMP. CONTRIB. W/PPO	\$1,462.76	\$1,283.96	\$1,191.56	\$1,025.96	\$603.56	\$1,079.96	\$51.56	\$477.56		
EMP. CONTRIB. W/SISC	\$1,467.56	\$1,288.76	\$1,196.36	\$1,030.76	\$608.36	\$1,084.76	\$56.36	\$482.36		