

HOLTVILLE UNIFIED SCHOOL DISTRICT
CERTIFICATED BARGAINING UNIT (HTA)
HEALTH/WELFARE BENEFITS (2022-23)

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "A" - 100%	\$ 11,952.00	\$ 20,532.00	\$ 23,664.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 757.92	\$ 757.92	\$ 757.92
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 13,173.84	\$ 21,753.84	\$ 24,885.84
Max District Contribution	\$ 10,833.84	\$ 10,833.84	\$ 10,833.84
Net Employee Annual Cost	\$ 2,340.00	\$ 10,920.00	\$ 14,052.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "B" - 90%	\$ 11,388.00	\$ 19,560.00	\$ 22,692.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 757.92	\$ 757.92	\$ 757.92
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 12,609.84	\$ 20,781.84	\$ 23,913.84
Max District Contribution	\$ 10,833.84	\$ 10,833.84	\$ 10,833.84
Net Employee Annual Cost	\$ 1,776.00	\$ 9,948.00	\$ 13,080.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "C" - 80%	\$ 9,612.00	\$ 16,512.00	\$ 19,224.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 757.92	\$ 757.92	\$ 757.92
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 10,833.84	\$ 17,733.84	\$ 20,445.84
Max District Contribution	\$ 10,833.84	\$ 10,833.84	\$ 10,833.84
Net Employee Annual Cost	\$ -	\$ 6,900.00	\$ 9,612.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "D" - High Deduct Plan	\$ 7,380.00	\$ 12,660.00	\$ 14,388.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 757.92	\$ 757.92	\$ 757.92
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 8,601.84	\$ 13,881.84	\$ 15,609.84
Max District Contribution	\$ 10,833.84	\$ 10,833.84	\$ 10,833.84
Net Employee Annual Cost	No Cost	\$ 3,048.00	\$ 4,776.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SIMNSA Mexico Plan	\$ 3,288.00	\$ 5,832.00	\$ 8,604.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 757.92	\$ 757.92	\$ 757.92
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 4,509.84	\$ 7,053.84	\$ 9,825.84
Max District Contribution	\$ 10,833.84	\$ 10,833.84	\$ 10,833.84
Net Employee Annual Cost	No Cost	No Cost	No Cost

*To date, no new rates have not been provided