

HOLTVILLE UNIFIED SCHOOL DISTRICT
CERT/CLASS MGMT, CLASS CONF
HEALTH/WELFARE BENEFITS (2024-25)

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "A" - 100%	\$ 13,608.00	\$ 23,376.00	\$ 26,928.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 891.72	\$ 891.72	\$ 891.72
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 14,963.64	\$ 24,731.64	\$ 28,283.64
Max District Contribution	\$ 12,203.64	\$ 12,203.64	\$ 12,203.64
Net Employee Annual Cost	\$ 2,760.00	\$ 12,528.00	\$ 16,080.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "B" - 90%	\$ 12,876.00	\$ 22,116.00	\$ 25,632.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Dental	\$ 891.72	\$ 891.72	\$ 891.72
VSP*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 14,231.64	\$ 23,471.64	\$ 26,987.64
Max District Contribution	\$ 12,203.64	\$ 12,203.64	\$ 12,203.64
Net Employee Annual Cost	\$ 2,028.00	\$ 11,268.00	\$ 14,784.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "C" - 80%	\$ 10,848.00	\$ 18,636.00	\$ 21,684.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Dental	\$ 891.72	\$ 891.72	\$ 891.72
VSP*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 12,203.64	\$ 19,991.64	\$ 23,039.64
Max District Contribution	\$ 12,203.64	\$ 12,203.64	\$ 12,203.64
Net Employee Annual Cost	\$ -	\$ 7,788.00	\$ 10,836.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "D" - High Deduct Plan	\$ 8,136.00	\$ 13,956.00	\$ 16,260.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Dental	\$ 891.72	\$ 891.72	\$ 891.72
VSP*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 9,491.64	\$ 15,311.64	\$ 17,615.64
Max District Contribution	\$ 12,203.64	\$ 12,203.64	\$ 12,203.64
Net Employee Annual Cost	No Cost	\$ 3,108.00	\$ 5,412.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SIMNSA Mexico Plan	\$ 3,492.00	\$ 6,180.00	\$ 9,120.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Dental	\$ 891.72	\$ 891.72	\$ 891.72
VSP*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 4,847.64	\$ 7,535.64	\$ 10,475.64
Max District Contribution	\$ 12,203.64	\$ 12,203.64	\$ 12,203.64
Net Employee Annual Cost	No Cost	No Cost	No Cost

*Dental and Vision Rates pending

4/9/2024