

HOLTVILLE UNIFIED SCHOOL DISTRICT
CERTIFICATED BARGAINING UNIT (HTA)
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 |
| 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 | \$ 14,231.64 | \$ 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 |
| 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 | \$ 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 |
| 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 | \$ 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 |
| 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 | \$ 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