

HOLTVILLE UNIFIED SCHOOL DISTRICT
CERTIFICATED BARGAINING UNIT (HTA)
HEALTH/WELFARE BENEFITS (2023-24)

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "A" - 100%	\$ 13,020.00	\$ 22,380.00	\$ 25,764.00
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	\$ 14,241.84	\$ 23,601.84	\$ 26,985.84
Max District Contribution	\$ 11,673.84	\$ 11,673.84	\$ 11,673.84
Net Employee Annual Cost	\$ 2,568.00	\$ 11,928.00	\$ 15,312.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "B" - 90%	\$ 12,384.00	\$ 21,288.00	\$ 24,684.00
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	\$ 13,605.84	\$ 22,509.84	\$ 25,905.84
Max District Contribution	\$ 11,673.84	\$ 11,673.84	\$ 11,673.84
Net Employee Annual Cost	\$ 1,932.00	\$ 10,836.00	\$ 14,232.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "C" - 80%	\$ 10,452.00	\$ 17,964.00	\$ 20,904.00
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	\$ 11,673.84	\$ 19,185.84	\$ 22,125.84
Max District Contribution	\$ 11,673.84	\$ 11,673.84	\$ 11,673.84
Net Employee Annual Cost	\$ -	\$ 7,512.00	\$ 10,452.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "D" - HSA Plan	\$ 7,980.00	\$ 13,704.00	\$ 15,960.00
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	\$ 9,201.84	\$ 14,925.84	\$ 17,181.84
Max District Contribution	\$ 11,673.84	\$ 11,673.84	\$ 11,673.84
Net Employee Annual Cost	No Cost	\$ 3,252.00	\$ 5,508.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SIMNSA Mexico Plan	\$ 3,420.00	\$ 6,060.00	\$ 8,940.00
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	\$ 4,641.84	\$ 7,281.84	\$ 10,161.84
Max District Contribution	\$ 11,673.84	\$ 11,673.84	\$ 11,673.84
Net Employee Annual Cost	No Cost	No Cost	No Cost

*To date, no new rates have not been provided