HOLTVILLE UNIFIED SCHOOL DISTRICT

CSEA STAFF

HEALTH/WELFARE BENEFITS (2025-26)

	Annual Cost		
Coverage	Single	+ 1	+ Family
SISC Plan "A" - 100%	$ 14,856.00	$ 25,524.00	$ 29,400.00
Broker Fee	$ 72.00	$ 72.00	$ 72.00
Dental	$ 389.52	$ 1,173.24	$ 1,173.24
Eye Med*	$ 93.00	$ 186.00	$ 239.40
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 15,436.68	$ 26,981.40	$ 30,910.80
Max District Contribution	$ 12,376.68	$ 12,376.68	$ 12,376.68
Net Employee Annual Cost	$ 3,060.00	$ 14,604.72	$ 18,534.12

	Annual Cost		
Coverage	Single	+ 1	+ Family
SISC Plan "B" - 90%	$ 13,980.00	$ 24,024.00	$ 27,852.00
Broker Fee	$ 72.00	$ 72.00	$ 72.00
Dental	$ 389.52	$ 1,173.24	$ 1,173.24
Eye Med*	$ 93.00	$ 186.00	$ 239.40
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 14,560.68	$ 25,481.40	$ 29,362.80
Max District Contribution	$ 12,376.68	$ 12,376.68	$ 12,376.68
Net Employee Annual Cost	$ 2,184.00	$ 13,104.72	$ 16,986.12

	Annual Cost		
Coverage	Single	+ 1	+ Family
SISC Plan "C" - 80%	$ 11,796.00	$ 20,256.00	$ 23,568.00
Broker Fee	$ 72.00	$ 72.00	$ 72.00
Dental	$ 389.52	$ 1,173.24	$ 1,173.24
Eye Med*	$ 93.00	$ 186.00	$ 239.40
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 12,376.68	$ 21,713.40	$ 25,078.80
Max District Contribution	$ 12,376.68	$ 12,376.68	$ 12,376.68
Net Employee Annual Cost	$ -	$ 9,336.72	$ 12,702.12

	Annual Cost		
Coverage	Single	+ 1	+ Family
SISC Plan "D" - High Deduct Plan	$ 8,724.00	$ 14,976.00	$ 17,460.00
Broker Fee	$ 72.00	$ 72.00	$ 72.00
Dental	$ 389.52	$ 1,173.24	$ 1,173.24
Eye Med*	$ 93.00	$ 186.00	$ 239.40
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 9,304.68	$ 16,433.40	$ 18,970.80
Max District Contribution	$ 12,376.68	$ 12,376.68	$ 12,376.68
Net Employee Annual Cost	No Cost	$ 4,056.72	$ 6,594.12

	Annual Cost		
Coverage	Single	+ 1	+ Family
SIMNSA Mexico Plan	$ 3,600.00	$ 6,360.00	$ 9,396.00
Broker Fee	$ 72.00	$ 72.00	$ 72.00
Dental	$ 389.52	$ 1,173.24	$ 1,173.24
Eye Med*	$ 93.00	$ 186.00	$ 239.40
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 4,180.68	$ 7,817.40	$ 10,906.80
Max District Contribution	$ 12,376.68	$ 12,376.68	$ 12,376.68
Net Employee Annual Cost	No Cost	No Cost	No Cost

***Rates provided to District as of:** **5/2/2025**