HOLTVILLE UNIFIED SCHOOL DISTRICT

CERTIFICATED BARGAINING UNIT (HTA)

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
Delta Dental (SCEET)*	$ 757.92	$ 757.92	$ 757.92
Vision (VSP)*	$ 347.04	$ 347.04	$ 347.04
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 16,059.12	$ 26,727.12	$ 30,603.12
Max District Contribution	$ 12,999.12	$ 12,999.12	$ 12,999.12
Net Employee Annual Cost	$ 3,060.00	$ 13,728.00	$ 17,604.00

	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
Delta Dental (SCEET)*	$ 757.92	$ 757.92	$ 757.92
Vision (VSP)*	$ 347.04	$ 347.04	$ 347.04
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 15,183.12	$ 25,227.12	$ 29,055.12
Max District Contribution	$ 12,999.12	$ 12,999.12	$ 12,999.12
Net Employee Annual Cost	$ 2,184.00	$ 12,228.00	$ 16,056.00

	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
Delta Dental (SCEET)*	$ 757.92	$ 757.92	$ 757.92
Vision (VSP)*	$ 347.04	$ 347.04	$ 347.04
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 12,999.12	$ 21,459.12	$ 24,771.12
Max District Contribution	$ 12,999.12	$ 12,999.12	$ 12,999.12
Net Employee Annual Cost	$ -	$ 8,460.00	$ 11,772.00

	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
Delta Dental (SCEET)*	$ 757.92	$ 757.92	$ 757.92
Vision (VSP)*	$ 347.04	$ 347.04	$ 347.04
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 9,927.12	$ 16,179.12	$ 18,663.12
Max District Contribution	$ 12,999.12	$ 12,999.12	$ 12,999.12
Net Employee Annual Cost	No Cost	$ 3,180.00	$ 5,664.00

	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
Delta Dental (SCEET)*	$ 757.92	$ 757.92	$ 757.92
Vision (VSP)*	$ 347.04	$ 347.04	$ 347.04
$15,000 Life Insurance	$ 26.16	$ 26.16	$ 26.16
Total Annual Premiums	$ 4,803.12	$ 7,563.12	$ 10,599.12
Max District Contribution	$ 12,999.12	$ 12,999.12	$ 12,999.12
Net Employee Annual Cost	No Cost	No Cost	No Cost

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