



Insurance Premiums

January 1, 2024 – December 31, 2024

INSURANCE	2024 TOTAL MONTHLY PREMIUMS	MONTHLY DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION
 DELTA DENTAL PPO			
Employee Only	\$34.02	\$34.02	\$0.00
Employee + One*	\$63.61	\$34.02	\$29.59
Employee + Family*	\$117.06	\$34.02	\$83.04
 VISION (VOLUNTARY)			
Employee Only	\$7.92	\$7.92	\$0.00
Employee + Spouse*	\$15.82	\$7.92	\$7.90
Employee + Child(ren)	\$16.94	\$7.92	\$9.02
Family*	\$26.57	\$7.92	\$18.65
 KAISER ALTERNATE Additional Choice Deductible Coinsurance POS Plan			
Employee Only	\$795.77	\$651.44	\$144.33
Employee + Spouse*	\$1,591.53	\$1,100.00	\$491.53
Employee + Child(ren)	\$1,392.59	\$1,100.00	\$292.59
Family*	\$2,458.91	\$1,150.00	\$1,308.91
KAISER HIGH HMO Plan 220			
Employee Only	\$715.80	\$651.44	\$64.36
Employee + Spouse*	\$1,431.60	\$1,100.00	\$331.60
Employee + Child(ren)	\$1,252.65	\$1,100.00	\$152.65
Family*	\$2,211.82	\$1,150.00	\$1,061.82
KAISER DHMO Plan 500			
Employee Only	\$651.44	\$651.44	\$0.00
Employee + Spouse*	\$1,302.88	\$1,100.00	\$202.88
Employee + Child(ren)	\$1,140.02	\$1,100.00	\$40.02
Family*	\$2,012.95	\$1,150.00	\$862.95

* If an employee and spouse are both employed by the district, the district will pay a maximum of \$651.44 on all Employee Only Kaiser plans. The district will pay a maximum of \$2,300 on Employee+ Spouse, Child(ren) & Family Kaiser plans and \$68.04 maximum for Delta.

For additional questions or information, please contact:
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