# Salinas Union High School District
# Health and Welfare Payroll Deductions
# M.C.S.I.G. - Confidential and Supervisory

## 12 Month Employees. Dental with Ortho - Medium Plan

| Group and Plan | Dental | Vision | Medical (Includes Life Ins.) | Unum Life Ins. | Total Cost | Caps | Amount Over Cap | Monthly As Of 01/01/2025 |
|---|---|---|---|---|---|---|---|---|
| **P.P.O. $25** | | | | | | | | |
| Employee | 54.00 | 14.99 | 1,715.00 | 16.50 | 1,800.49 | 782.78 | 1,017.71 | $ 1,017.71 |
| Employee + One | 102.00 | 14.99 | 3,421.00 | 16.50 | 3,554.49 | 953.07 | 2,601.42 | $ 2,601.42 |
| Employee + Family | 175.00 | 14.99 | 4,443.00 | 16.50 | 4,649.49 | 1,185.04 | 3,464.45 | $ 3,464.45 |
| **P.P.O. $40** | | | | | | | | |
| Employee | 54.00 | 14.99 | 1,301.00 | 16.50 | 1,386.49 | 782.78 | 603.71 | $ 603.71 |
| Employee + One | 102.00 | 14.99 | 2,597.00 | 16.50 | 2,730.49 | 953.07 | 1,777.42 | $ 1,777.42 |
| Employee + Family | 175.00 | 14.99 | 3,372.00 | 16.50 | 3,578.49 | 1,185.04 | 2,393.45 | $ 2,393.45 |
| **P.P.O. $60** | | | | | | | | |
| Employee | 54.00 | 14.99 | 1,099.00 | 16.50 | 1,184.49 | 782.78 | 401.71 | $ 401.71 |
| Employee + One | 102.00 | 14.99 | 2,185.00 | 16.50 | 2,318.49 | 953.07 | 1,365.42 | $ 1,365.42 |
| Employee + Family | 175.00 | 14.99 | 2,841.00 | 16.50 | 3,047.49 | 1,185.04 | 1,862.45 | $ 1,862.45 |
| **PPO Select** | | | | | | | | |
| Employee | 54.00 | 14.99 | 941.00 | 16.50 | 1,026.49 | 782.78 | 243.71 | $ 243.71 |
| Employee + One | 102.00 | 14.99 | 1,871.00 | 16.50 | 2,004.49 | 953.07 | 1,051.42 | $ 1,051.42 |
| Employee + Family | 175.00 | 14.99 | 2,431.00 | 16.50 | 2,637.49 | 1,185.04 | 1,452.45 | $ 1,452.45 |
| **TRIO HMO** | | | | | | | | |
| Employee | 54.00 | 14.99 | 1,166.00 | 16.50 | 1,251.49 | 782.78 | 468.71 | $ 468.71 |
| Employee + One | 102.00 | 14.99 | 2,509.00 | 16.50 | 2,642.49 | 953.07 | 1,689.42 | $ 1,689.42 |
| Employee + Family | 175.00 | 14.99 | 3,099.00 | 16.50 | 3,305.49 | 1,185.04 | 2,120.45 | $ 2,120.45 |

**On 8/28/2025, the MCSIG Board adopted a 15% increase to PPO $25, PPO $40, PPO $60, and PPO Select. There will be no rate increase to CompleteCare; and an 8% increase to TRIO HMO.**
**On 8/28/205, the MCSIG Board also adopted no rate changes to the dental plan.**
**New rates are effective January 1, 2026; deductions begin with the December 23, 2025 paycheck.**

**Plan year is January - December.**