

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

10 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	\$ 1,221.25
Employee + One	102.00	14.99	3,421.00	16.50	3,554.49	953.07	2,601.42	\$ 3,121.70
Employee + Family	175.00	14.99	4,443.00	16.50	4,649.49	1,185.04	3,464.45	\$ 4,157.34
P.P.O. \$40								
Employee	54.00	14.99	1,301.00	16.50	1,386.49	782.78	603.71	\$ 724.45
Employee + One	102.00	14.99	2,597.00	16.50	2,730.49	953.07	1,777.42	\$ 2,132.90
Employee + Family	175.00	14.99	3,372.00	16.50	3,578.49	1,185.04	2,393.45	\$ 2,872.14
P.P.O. \$60								
Employee	54.00	14.99	1,099.00	16.50	1,184.49	782.78	401.71	\$ 482.05
Employee + One	102.00	14.99	2,185.00	16.50	2,318.49	953.07	1,365.42	\$ 1,638.50
Employee + Family	175.00	14.99	2,841.00	16.50	3,047.49	1,185.04	1,862.45	\$ 2,234.94
PPO Select								
Employee	54.00	14.99	941.00	16.50	1,026.49	782.78	243.71	\$ 292.45
Employee + One	102.00	14.99	1,871.00	16.50	2,004.49	953.07	1,051.42	\$ 1,261.70
Employee + Family	175.00	14.99	2,431.00	16.50	2,637.49	1,185.04	1,452.45	\$ 1,742.94
TRIO HMO								
Employee	54.00	14.99	1,166.00	16.50	1,251.49	782.78	468.71	\$ 562.45
Employee + One	102.00	14.99	2,509.00	16.50	2,642.49	953.07	1,689.42	\$ 2,027.30
Employee + Family	175.00	14.99	3,099.00	16.50	3,305.49	1,185.04	2,120.45	\$ 2,544.54

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 8/28/2025, 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.