

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

12 Month Employees. Dental with Ortho - High 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	60.00	14.99	1,715.00	16.50	1,806.49	782.78	1,023.71	\$ 1,023.71
Employee + One	111.00	14.99	3,421.00	16.50	3,563.49	953.07	2,610.42	\$ 2,610.42
Employee + Family	192.00	14.99	4,443.00	16.50	4,666.49	1,185.04	3,481.45	\$ 3,481.45
P.P.O. \$40								
Employee	60.00	14.99	1,301.00	16.50	1,392.49	782.78	609.71	\$ 609.71
Employee + One	111.00	14.99	2,597.00	16.50	2,739.49	953.07	1,786.42	\$ 1,786.42
Employee + Family	192.00	14.99	3,372.00	16.50	3,595.49	1,185.04	2,410.45	\$ 2,410.45
P.P.O. \$60								
Employee	60.00	14.99	1,099.00	16.50	1,190.49	782.78	407.71	\$ 407.71
Employee + One	111.00	14.99	2,185.00	16.50	2,327.49	953.07	1,374.42	\$ 1,374.42
Employee + Family	192.00	14.99	2,841.00	16.50	3,064.49	1,185.04	1,879.45	\$ 1,879.45
PPO Select								
Employee	60.00	14.99	941.00	16.50	1,032.49	782.78	249.71	\$ 249.71
Employee + One	111.00	14.99	1,871.00	16.50	2,013.49	953.07	1,060.42	\$ 1,060.42
Employee + Family	192.00	14.99	2,431.00	16.50	2,654.49	1,185.04	1,469.45	\$ 1,469.45
TRIO HMO								
Employee	60.00	14.99	1,166.00	16.50	1,257.49	782.78	474.71	\$ 474.71
Employee + One	111.00	14.99	2,509.00	16.50	2,651.49	953.07	1,698.42	\$ 1,698.42
Employee + Family	192.00	14.99	3,099.00	16.50	3,322.49	1,185.04	2,137.45	\$ 2,137.45

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.