

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

Group and Plan	Dental	Vision	Medical (Includes Life Ins.)	Hartford 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	26.46	1,810.45	865.70	944.75	\$ 944.75
Employee + One	102.00	14.99	3,421.00	26.46	3,564.45	1,256.73	2,307.72	\$ 2,307.72
Employee + Family	175.00	14.99	4,443.00	26.46	4,659.45	1,684.26	2,975.19	\$ 2,975.19
P.P.O. \$40								
Employee	54.00	14.99	1,301.00	26.46	1,396.45	865.70	530.75	\$ 530.75
Employee + One	102.00	14.99	2,597.00	26.46	2,740.45	1,256.73	1,483.72	\$ 1,483.72
Employee + Family	175.00	14.99	3,372.00	26.46	3,588.45	1,684.26	1,904.19	\$ 1,904.19
PPO Select								
Employee	54.00	14.99	941.00	26.46	1,036.45	865.70	170.75	\$ 170.75
Employee + One	102.00	14.99	1,871.00	26.46	2,014.45	1,256.73	757.72	\$ 757.72
Employee + Family	175.00	14.99	2,431.00	26.46	2,647.45	1,684.26	963.19	\$ 963.19
Kaiser-Medium								
Employee	54.00	14.99	1,002.00	26.46	1,097.45	865.70	231.75	\$ 231.75
Employee + One	102.00	14.99	1,993.00	26.46	2,136.45	1,256.73	879.72	\$ 879.72
Employee + Family	175.00	14.99	2,816.00	26.46	3,032.45	1,684.26	1,348.19	\$ 1,348.19
TRIO HMO								
Employee	54.00	14.99	1,166.00	26.46	1,261.45	865.70	395.75	\$ 395.75
Employee + One	102.00	14.99	2,509.00	26.46	2,652.45	1,256.73	1,395.72	\$ 1,395.72
Employee + Family	175.00	14.99	3,099.00	26.46	3,315.45	1,684.26	1,631.19	\$ 1,631.19

On 8/28/2025, the MCSIG Board adopted a 15% increase to PPO \$25, PPO \$40, and PPO Select. There will be no rate increase to CompleteCare; a 5.21% increase to Kaiser, 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.