

**LITTLE LAKE CITY SCHOOL DISTRICT
HEALTH AND WELFARE RATES
EFFECTIVE: JANUARY 1, 2024**

CLASSIFIED EMPLOYEES 5.5 HOURS

<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
ANTHEM HMO SELECT			
Cost	1,009.36	2,018.71	2,624.33
District Contribution (Cap)	<u>625.42</u>	<u>859.95</u>	<u>1,117.93</u>
Voluntary Deduction	383.94	1,158.76	1,506.40
ANTHEM HMO TRADITIONAL			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	<u>625.42</u>	<u>859.95</u>	<u>1,117.93</u>
Voluntary Deduction	589.78	1,570.46	2,041.60
BLUE SHIELD ACCESS (HMO)			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	859.95	1,117.93
District 2024 Contribution	<u>194.26</u>	<u>388.53</u>	<u>505.09</u>
Voluntary Deduction	88.30	567.48	737.73
BLUE SHIELD TRIO (HMO)			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	859.95	1,117.93
District 2024 Contribution	<u>151.39</u>	<u>302.80</u>	<u>393.63</u>
Voluntary Deduction	68.82	528.51	687.07
HEALTH NET SALUD Y MAS			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	859.95	1,117.93
District 2024 Contribution	<u>130.74</u>	<u>652.36</u>	<u>848.08</u>
Voluntary Deduction	0.00	0.00	0.00
HEALTH NET SMART CARE (No longer available)			
Cost	0.00	0.00	0.00
District Contribution (Cap)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Voluntary Deduction	0.00	0.00	0.00
KAISER			
Cost	1,038.49	2,076.98	2,700.08
District Contribution (Cap)	625.42	859.95	1,117.93
District 2024 Contribution	<u>283.99</u>	<u>567.98</u>	<u>738.38</u>
Voluntary Deduction	129.08	649.05	843.77
PERS GOLD (Formerly PERS SELECT)			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	<u>625.42</u>	<u>859.95</u>	<u>1,117.93</u>
Voluntary Deduction	316.92	1,024.72	1,332.15

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<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
PERS PLATINUM (Formerly PERS CARE*, PERS Choice)			
Cost	1,357.76	2,715.53	3,530.18
District Contribution	625.42 *	859.95	1,117.93
Voluntary Deduction	732.34	1,855.58	2,412.25

**Employees who were enrolled in PERS CARE, single party only, in the 2006 year shall be entitled to a District contribution of \$859.40, 10THLY.*

UNITED HEALTHCARE ALLIANCE

Cost	991.73	1,983.46	2,578.49
District Contribution (Cap)	625.42	859.95	1,117.93
Voluntary Deduction	366.31	1,123.51	1,460.56

UNITED HEALTHCARE HARMONY

Cost	881.71	1,763.42	2,292.46
District Contribution	625.42	859.95	1,117.93
Voluntary Deduction	256.29	903.47	1,174.53

DELTA DENTAL

Cost	132.32	132.32	132.32
District Contribution (Cap)	116.07	116.07	116.07
Voluntary Deduction	16.25	16.25	16.25

METLIFE DENTAL**

Cost	60.07	60.07	60.07
District Contribution (Cap)	40.39	40.39	40.39
District 2024 Contribution	0.91	0.91	0.91
Voluntary Deduction	18.77	18.77	18.77

***MetLife Dental Rates effective October 1, 2023 thru September 30, 2024*

VISION SERVICE PLAN

Cost	28.74	28.74	28.74
District Contribution (Cap)	20.17	20.17	20.17
Voluntary Deduction	8.57	8.57	8.57

LIFE INSURANCE

Cost	1.87	1.87	1.87
District Contribution (Cap)	1.87	1.87	1.87
Voluntary Deduction	0.00	0.00	0.00