

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

CONFIDENTIAL/SUPERVISORY - 100%

<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
<b>ANTHEM HMO SELECT</b>			
Cost	1,009.36	2,018.71	2,624.33
District Contribution (Cap)	<u>625.42</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	383.94	767.88	998.25
<b>ANTHEM HMO TRADITIONAL</b>			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	<u>625.42</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	589.78	1,179.58	1,533.45
<b>BLUE SHIELD ACCESS (HMO)</b>			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	<u>282.56</u>	<u>565.13</u>	<u>734.67</u>
Voluntary Deduction	0.00	0.00	0.00
<b>BLUE SHIELD TRIO (HMO)</b>			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	<u>220.21</u>	<u>440.43</u>	<u>572.55</u>
Voluntary Deduction	0.00	0.00	0.00
<b>HEALTH NET SALUD Y MAS</b>			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	<u>130.74</u>	<u>261.48</u>	<u>339.93</u>
Voluntary Deduction	0.00	0.00	0.00
<b>HEALTH NET SMART CARE (No longer available)</b>			
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
<b>KAISER</b>			
Cost	1,038.49	2,076.98	2,700.08
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	<u>413.07</u>	<u>826.15</u>	<u>1,074.00</u>
Voluntary Deduction	0.00	0.00	0.00
<b>PERS GOLD (Formerly PERS SELECT)</b>			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	<u>316.92</u>	<u>633.84</u>	<u>824.00</u>
Voluntary Deduction	0.00	0.00	0.00

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<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
<b>PERS PLATINUM (Formerly PERS CARE*, PERS Choice)</b>			
Cost	1,357.76	2,715.53	3,530.18
District Contribution	625.42	1,250.83	1,626.08
District 2024 Contribution	732.34	1,464.70	1,904.10
Voluntary Deduction	0.00	0.00	0.00
<b>UNITED HEALTHCARE ALLIANCE</b>			
Cost	991.73	1,983.46	2,578.49
District Contribution (Cap)	625.42	1,250.83	1,626.08
Voluntary Deduction	366.31	732.63	952.41
<b>UNITED HEALTHCARE HARMONY</b>			
Cost	881.71	1,763.42	2,292.46
District Contribution	625.42	1,250.83	1,626.08
Voluntary Deduction	256.29	512.59	666.38
<b>DELTA DENTAL</b>			
Cost	132.32	132.32	132.32
District Contribution (Cap)	132.32	132.32	132.32
Voluntary Deduction	0.00	0.00	0.00
<b>METLIFE DENTAL**</b>			
Cost	60.07	60.07	60.07
District Contribution (Cap)	58.75	58.75	58.75
District 2024 Contribution	1.32	1.32	1.32
Voluntary Deduction	0.00	0.00	0.00
<i>**MetLife Dental Rates effective October 1, 2023 thru September 30, 2024</i>			
<b>VISION SERVICE PLAN</b>			
Cost	28.74	28.74	28.74
District Contribution (Cap)	28.74	28.74	28.74
Voluntary Deduction	0.00	0.00	0.00
<b>LIFE INSURANCE</b>			
Cost	1.87	1.87	1.87
District Contribution (Cap)	1.87	1.87	1.87
Voluntary Deduction	0.00	0.00	0.00