

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

CLASSIFIED EMPLOYEES 4.5 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)	625.42	703.59	914.67
Voluntary Deduction	<u>383.94</u>	<u>1,315.12</u>	<u>1,709.66</u>
ANTHEM HMO TRADITIONAL			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	625.42	703.59	914.67
Voluntary Deduction	<u>589.78</u>	<u>1,726.82</u>	<u>2,244.86</u>
BLUE SHIELD ACCESS (HMO)			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	703.59	914.67
District 2024 Contribution	158.94	317.89	413.25
Voluntary Deduction	<u>123.62</u>	<u>794.48</u>	<u>1,032.83</u>
BLUE SHIELD TRIO (HMO)			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	703.59	914.67
District 2024 Contribution	123.87	247.74	322.06
Voluntary Deduction	<u>96.34</u>	<u>739.93</u>	<u>961.90</u>
HEALTH NET SALUD Y MAS			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	703.59	914.67
District 2024 Contribution	130.74	598.37	777.88
Voluntary Deduction	<u>0.00</u>	<u>210.35</u>	<u>273.46</u>
HEALTH NET SMART CARE (No longer offered)			
Cost	0.00	0.00	0.00
District Contribution (Cap)	0.00	0.00	0.00
Voluntary Deduction	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
KAISER			
Cost	1,038.49	2,076.98	2,700.08
District Contribution (Cap)	625.42	703.59	914.67
District 2024 Contribution	232.35	464.71	604.13
Voluntary Deduction	<u>180.72</u>	<u>908.68</u>	<u>1,181.28</u>
PERS GOLD (Formerly PERS SELECT)			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	703.59	914.67
Voluntary Deduction	<u>316.92</u>	<u>1,181.08</u>	<u>1,535.41</u>

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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	<u>625.42 *</u>	<u>703.59</u>	<u>914.67</u>
Voluntary Deduction	732.34	2,011.94	2,615.51
 <i>*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.</i>			
UNITED HEALTHCARE ALLIANCE			
Cost	991.73	1,983.46	2,578.49
District Contribution (Cap)	<u>625.42</u>	<u>703.59</u>	<u>914.67</u>
Voluntary Deduction	366.31	1,279.87	1,663.82
 UNITED HEALTHCARE HARMONY			
Cost	881.71	1,763.42	2,292.46
District Contribution	<u>625.42</u>	<u>703.59</u>	<u>914.67</u>
Voluntary Deduction	256.29	1,059.83	1,377.79
 DELTA DENTAL			
Cost	132.32	132.32	132.32
District Contribution (Cap)	<u>94.97</u>	<u>94.97</u>	<u>94.97</u>
Voluntary Deduction	37.35	37.35	37.35
 METLIFE DENTAL**			
Cost	60.07	60.07	60.07
District Contribution (Cap)	33.05	33.05	33.05
District 2024 Contribution	<u>0.74</u>	<u>0.74</u>	<u>0.74</u>
Voluntary Deduction	26.28	26.28	26.28
 <i>**MetLife Dental Rates effective October 1, 2023 thru September 30, 2024</i>			
 VISION SERVICE PLAN			
Cost	28.74	28.74	28.74
District Contribution (Cap)	<u>16.50</u>	<u>16.50</u>	<u>16.50</u>
Voluntary Deduction	12.24	12.24	12.24
 LIFE INSURANCE			
Cost	1.87	1.87	1.87
District Contribution (Cap)	<u>1.87</u>	<u>1.87</u>	<u>1.87</u>
Voluntary Deduction	0.00	0.00	0.00