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

## **CERTIFICATED EMPLOYEES - 40%**

PLAN NAME	10THLY SINGLE	10THLY 2-PARTY	10THLY FAMILY
ANTHEM HMO SELECT	SINGLE	2-1 AK1 1	PAMILI
Cost	1,009.36	2,018.71	2,624.33
District Contribution (Cap)	625.42	500.33	650.43
Voluntary Deduction	383.94	1,518.38	1,973.90
ANTHEM HMO TRADITIONAL			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	625.42	500.33	650.43
Voluntary Deduction	589.78	1,930.08	2,509.10
BLUE SHIELD ACCESS (HMO)			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	500.33	650.43
District 2024 Contribution	113.02	226.05	293.87
Voluntary Deduction	169.54	1,089.58	1,416.45
	342.86		
BLUE SHIELD TRIO (HMO)			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	500.33	650.43
District 2024 Contribution	88.08	176.17	229.02
Voluntary Deduction	132.13	1,014.76	1,319.18
HEALTH NET SALUD Y MAS			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	500.33	650.43
District 2024 Contribution	52.30	104.59	135.97
Voluntary Deduction	78.44	907.39	1,179.61
HEALTH NET SMART CARE (No lo	nger available)		
Cost	0.00	0.00	0.00
District Contribution (Cap)	0.00	0.00	0.00
Voluntary Deduction	0.00	0.00	0.00
KAISER			
Cost	1,038.49	2,076.98	2,700.08
District Contribution (Cap)	625.42	500.33	650.43
District 2024 Contribution	165.23	330.46	429.60
Voluntary Deduction	247.84	1,246.19	1,620.05
PERS GOLD (Formerly PERS SELEC			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	500.33	650.43
District 2024 Contribution	126.77	253.54	329.60
Voluntary Deduction	190.15	1,130.80	1,470.05

AS OF 10/26/2023 CERTIFICATED 40% Board Approved 11/18/2023

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

## **CERTIFICATED EMPLOYEES - 40%**

District Contribution (Cap)   625.42   500.33   650.43     Voluntary Deduction   366.31   1,483.13   1,928.06     UNITED HEALTHCARE HARMONY   Cost   881.71   1,763.42   2,292.46     District Contribution   625.42   500.33   650.43     Voluntary Deduction   256.29   1,263.09   1,642.03     DELTA DENTAL   Cost   132.32   132.32   132.32     District Contribution (Cap)   67.53   67.53   67.53     Voluntary Deduction   64.79   64.79   64.79     METLIFE DENTAL**   Cost   60.07   60.07   60.07     District Contribution (Cap)   22.17   22.17   22.17     District Contribution (Cap)   22.17   22.17   22.17     District 2024 Contribution   1.86   1.86   1.86   1.86     Voluntary Deduction   36.04   36.04   36.04     **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024    VISION SERVICE PLAN   Cost   28.74   28.74   28.74     District Contribution (Cap)   11.48   11.48   11.48     Voluntary Deduction   17.26   17.26   17.26    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    CASH-IN-LIEU OF BENEFITS***	DI ANINAME	10THLY	10THLY	10THLY
Cost			Z-PARTY	FAMILY
District Contribution   625.42 * 500.33   650.43     District 2024 Contribution   439.40   1,629.32   2,118.11     *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   500.33   650.43     Voluntary Deduction   366.31   1,483.13   1,928.06      UNITED HEALTHCARE HARMONY   Cost   881.71   1,763.42   2,292.46     District Contribution   625.42   500.33   650.43     Voluntary Deduction   256.29   1,263.09   1,642.03      DELTA DENTAL   Cost   132.32   132.32   132.32     District Contribution (Cap)   67.53   67.53   67.53     Voluntary Deduction   64.79   64.79   64.79      METLIFE DENTAL**   Cost   60.07   60.07   60.07     District Contribution (Cap)   64.79   64.79   64.79      METLIFE DENTAL**   Cost   60.07   60.07   60.07     District Contribution (Cap)   22.17   22.17   22.17     District Contribution   1.86   1.86   1.86     District Contribution   1.86   1.86   1.86     *MetLife Dental Rates effective October 1, 2023 thru September 30, 2024    VISION SERVICE PLAN   Cost   28.74   28.74   28.74     District Contribution (Cap)   11.48   11.48   11.48     Voluntary Deduction   17.26   17.26   17.26    LIFE INSURANCE   Cost   1.87   1.87   1.87     District Contribution (Cap)   1.87   1.87     District Contribution (Cap)   1.87   1.87			2 715 52	2 520 10
District 2024 Contribution		· · · · · · · · · · · · · · · · · · ·		,
Voluntary Deduction   439.40   1,629.32   2,118.11				
*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) 625.42 500.33 650.43 Voluntary Deduction 366.31 1.483.13 1.928.06  UNITED HEALTHCARE HARMONY  Cost 881.71 1.763.42 2.292.46 District Contribution 625.42 500.33 650.43 Voluntary Deduction 256.29 1.263.09 1.642.03  DELTA DENTAL  Cost 132.32 132.32 132.32 132.32 District Contribution (Cap) 67.53 67.53 67.53 Voluntary Deduction 64.79 64.79 64.79  METLIFE DENTAL**  Cost 60.07 60.07 60.07 District Contribution (Cap) 22.17 22.17 District Contribution (Cap) 22.17 22.17 District Contribution (Cap) 36.04 36.04 36.04 **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024  VISION SERVICE PLAN  Cost 28.74 28.74 28.74 District Contribution (Cap) 11.48 11.48 11.48 Voluntary Deduction 17.26 17.26 17.26  LIFE INSURANCE  Cost 1.87 1.87 1.87 District Contribution (Cap) 1.87 1.87 1.87		-		
### Cost   132.32   1	· · · · · · · · · · · · · · · · · · ·			
Cost   991.73   1,983.46   2,578.49     District Contribution (Cap)   625.42   500.33   650.43     Voluntary Deduction   366.31   1,483.13   1,928.06     UNITED HEALTHCARE HARMONY     Cost   881.71   1,763.42   2,292.46     District Contribution   625.42   500.33   650.43     Voluntary Deduction   256.29   1,263.09   1,642.03     DELTA DENTAL     Cost   132.32   132.32   132.32     District Contribution (Cap)   67.53   67.53   67.53     Voluntary Deduction   64.79   64.79   64.79     METLIFE DENTAL**     Cost   60.07   60.07   60.07     District Contribution (Cap)   22.17   22.17   22.17     District 2024 Contribution   1.86   1.86   1.86     Voluntary Deduction   36.04   36.04   36.04     **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024    VISION SERVICE PLAN     Cost   28.74   28.74   28.74     District Contribution (Cap)   11.48   11.48     Voluntary Deduction   17.26   17.26   17.26    LIFE INSURANCE     Cost   1.87   1.87   1.87     District Contribution (Cap)   1.87   1.87   1.87     District Contribution (Cap)   1.87   1.87   1.87     District Contribution (Cap)   1.87   1.87   1.87     Voluntary Deduction   0.00   0.00   0.00    CASH-IN-LIEU OF BENEFITS***		S CARE, single purly only, l	n ine 2000 year snaa be e	muuea to a Districi
District Contribution (Cap)   625.42   500.33   650.43     Voluntary Deduction   366.31   1,483.13   1,928.06     UNITED HEALTHCARE HARMONY   Cost   881.71   1,763.42   2,292.46     District Contribution   625.42   500.33   650.43     Voluntary Deduction   256.29   1,263.09   1,642.03     DELTA DENTAL   Cost   132.32   132.32   132.32     District Contribution (Cap)   67.53   67.53   67.53     Voluntary Deduction   64.79   64.79   64.79     METLIFE DENTAL**   Cost   60.07   60.07   60.07     District Contribution (Cap)   22.17   22.17   22.17     District Contribution (Cap)   22.17   22.17   22.17     District 2024 Contribution   1.86   1.86   1.86   1.86     Voluntary Deduction   36.04   36.04   36.04     **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024    VISION SERVICE PLAN   Cost   28.74   28.74   28.74     District Contribution (Cap)   11.48   11.48   11.48     Voluntary Deduction   17.26   17.26   17.26    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    CASH-IN-LIEU OF BENEFITS***	UNITED HEALTHCARE ALLIANCI	E		
Voluntary Deduction   366.31   1,483.13   1,928.06	Cost	991.73	1,983.46	2,578.49
Voluntary Deduction   366.31   1,483.13   1,928.06	District Contribution (Cap)	625.42	500.33	650.43
Cost   881.71   1,763.42   2,292.46     District Contribution   625.42   500.33   650.43     Voluntary Deduction   256.29   1,263.09   1,642.03     DELTA DENTAL     Cost   132.32   132.32   132.32     District Contribution (Cap)   67.53   67.53   67.53     Voluntary Deduction   64.79   64.79   64.79     METLIFE DENTAL**   Cost   60.07   60.07   60.07     District Contribution (Cap)   22.17   22.17   22.17     District 2024 Contribution   1.86   1.86   1.86   1.86     Voluntary Deduction   36.04   36.04   36.04     **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024    VISION SERVICE PLAN     Cost   28.74   28.74   28.74     District Contribution (Cap)   11.48   11.48   11.48     Voluntary Deduction   17.26   17.26   17.26    LIFE INSURANCE     Cost   1.87   1.87   1.87     District Contribution (Cap)   1.87   1.87   1.87     District Contribution (Cap)   1.87   1.87   1.87     Voluntary Deduction   0.00   0.00   0.00    CASH-IN-LIEU OF BENEFITS***	· •	366.31	1,483.13	1,928.06
District Contribution   625.42   500.33   650.43     Voluntary Deduction   256.29   1,263.09   1,642.03     DELTA DENTAL   Cost   132.32   132.32   132.32     District Contribution (Cap)   67.53   67.53   67.53     Voluntary Deduction   64.79   64.79   64.79     METLIFE DENTAL**   Cost   60.07   60.07   60.07     District Contribution (Cap)   22.17   22.17   22.17     District 2024 Contribution   1.86   1.86   1.86   1.86     Voluntary Deduction   36.04   36.04   36.04     **MetLife Dental Rates effective October 1, 2023 thrus September 30, 2024    VISION SERVICE PLAN   Cost   28.74   28.74   28.74     District Contribution (Cap)   11.48   11.48   11.48     Voluntary Deduction   17.26   17.26   17.26    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    CASH-IN-LIEU OF BENEFITS***	UNITED HEALTHCARE HARMON	Y		
DELTA DENTAL	Cost	881.71	1,763.42	2,292.46
DELTA DENTAL   Cost   132.32	District Contribution	625.42	500.33	650.43
Cost	Voluntary Deduction	256.29	1,263.09	1,642.03
District Contribution (Cap)   67.53   67.53   67.53   67.53   Voluntary Deduction   64.79   64.79   64.79   64.79	DELTA DENTAL			
Woluntary Deduction         64.79         64.79           METLIFE DENTAL**         Cost         60.07         60.07         60.07           District Contribution (Cap)         22.17         22.17         22.17           District 2024 Contribution         1.86         1.86         1.86           Voluntary Deduction         36.04         36.04         36.04           **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024           VISION SERVICE PLAN           Cost         28.74         28.74         28.74           District Contribution (Cap)         11.48         11.48         11.48           Voluntary Deduction         17.26         17.26         17.26           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   CASH-IN-LIEU OF BENEFITS***	Cost	132.32	132.32	132.32
METLIFE DENTAL**  Cost 60.07 60.07 60.07  District Contribution (Cap) 22.17 22.17 22.17  District 2024 Contribution 1.86 1.86 1.86  Voluntary Deduction 36.04 36.04 36.04  **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024  VISION SERVICE PLAN  Cost 28.74 28.74 28.74  District Contribution (Cap) 11.48 11.48  Voluntary Deduction 17.26 17.26 17.26  LIFE INSURANCE  Cost 1.87 1.87 1.87  District Contribution (Cap) 1.87 1.87 1.87  Voluntary Deduction 0.00 0.00  CASH-IN-LIEU OF BENEFITS***	District Contribution (Cap)	67.53	67.53	67.53
Cost         60.07         60.07         60.07           District Contribution (Cap)         22.17         22.17         22.17           District 2024 Contribution         1.86         1.86         1.86           Voluntary Deduction         36.04         36.04         36.04           **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024           VISION SERVICE PLAN           Cost         28.74         28.74         28.74           District Contribution (Cap)         11.48         11.48         11.48           Voluntary Deduction         17.26         17.26         17.26           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           CASH-IN-LIEU OF BENEFITS***	Voluntary Deduction	64.79	64.79	64.79
Cost         60.07         60.07         60.07           District Contribution (Cap)         22.17         22.17         22.17           District 2024 Contribution         1.86         1.86         1.86           Voluntary Deduction         36.04         36.04         36.04           **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024           VISION SERVICE PLAN           Cost         28.74         28.74         28.74           District Contribution (Cap)         11.48         11.48         11.48           Voluntary Deduction         17.26         17.26         17.26           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           CASH-IN-LIEU OF BENEFITS***	METI IFF DENTAL **			
District Contribution (Cap)       22.17       22.17       22.17         District 2024 Contribution       1.86       1.86       1.86         Voluntary Deduction       36.04       36.04       36.04         **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024         VISION SERVICE PLAN         Cost       28.74       28.74       28.74         District Contribution (Cap)       11.48       11.48       11.48         Voluntary Deduction       17.26       17.26       17.26         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     CASH-IN-LIEU OF BENEFITS***		60.07	60.07	60.07
District 2024 Contribution         1.86         1.86         1.86           Voluntary Deduction         36.04         36.04         36.04           **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024           VISION SERVICE PLAN           Cost         28.74         28.74         28.74           District Contribution (Cap)         11.48         11.48         11.48           Voluntary Deduction         17.26         17.26         17.26           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           CASH-IN-LIEU OF BENEFITS****				
Voluntary Deduction         36.04         36.04           **MetLife Dental Rates effective October 1, 2023 thru September 30, 2024           VISION SERVICE PLAN           Cost         28.74         28.74           District Contribution (Cap)         11.48         11.48         11.48           Voluntary Deduction         17.26         17.26         17.26           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           CASH-IN-LIEU OF BENEFITS***         CASH-IN-LIEU OF BENEFITS***	· · · · · · · · · · · · · · · · · · ·			
**MetLife Dental Rates effective October 1, 2023 thru September 30, 2024  VISION SERVICE PLAN  Cost 28.74 28.74 28.74  District Contribution (Cap) 11.48 11.48 11.48  Voluntary Deduction 17.26 17.26 17.26  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  CASH-IN-LIEU OF BENEFITS***				
Cost       28.74       28.74       28.74         District Contribution (Cap)       11.48       11.48       11.48         Voluntary Deduction       17.26       17.26       17.26         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	· ·			30.04
Cost       28.74       28.74       28.74         District Contribution (Cap)       11.48       11.48       11.48         Voluntary Deduction       17.26       17.26       17.26         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	VISION SERVICE PLAN			
District Contribution (Cap)       11.48       11.48       11.48         Voluntary Deduction       17.26       17.26       17.26         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         CASH-IN-LIEU OF BENEFITS***		28 74	28 74	28 74
Voluntary Deduction         17.26         17.26           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           CASH-IN-LIEU OF BENEFITS****				
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  CASH-IN-LIEU OF BENEFITS***	,			
Cost         1.87         1.87         1.87           District Contribution (Cap)         1.87         1.87         1.87           Voluntary Deduction         0.00         0.00         0.00    CASH-IN-LIEU OF BENEFITS***	Voluntary Deduction	17.20	17.20	17.20
Cost         1.87         1.87         1.87           District Contribution (Cap)         1.87         1.87         1.87           Voluntary Deduction         0.00         0.00         0.00    CASH-IN-LIEU OF BENEFITS***	LIFE INSURANCE			
District Contribution (Cap)         1.87         1.87         1.87           Voluntary Deduction         0.00         0.00         0.00    CASH-IN-LIEU OF BENEFITS***		1.87	1.87	1.87
Voluntary Deduction 0.00 0.00 0.00  CASH-IN-LIEU OF BENEFITS***				
	· •			0.00
	CASH-IN-LIEU OF BENEFITS***			
	District Contribution (Cap)	47.17	94.33	122.63

<sup>\*\*\*</sup>Please contact the Fiscal Service Department for further details regarding the Cash in Lieu of Benefits.