

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

**CERTIFICATED EMPLOYEES - 40%**

<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)	625.42	500.33	650.43
Voluntary Deduction	383.94	1,518.38	1,973.90
<b>ANTHEM HMO TRADITIONAL</b>			
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
<b>BLUE SHIELD ACCESS (HMO)</b>			
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		
<b>BLUE SHIELD TRIO (HMO)</b>			
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
<b>HEALTH NET SALUD Y MAS</b>			
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
<b>HEALTH NET SMART CARE (No longer available)</b>			
Cost	0.00	0.00	0.00
District Contribution (Cap)	0.00	0.00	0.00
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	500.33	650.43
District 2024 Contribution	165.23	330.46	429.60
Voluntary Deduction	247.84	1,246.19	1,620.05
<b>PERS GOLD (Formerly PERS SELECT)</b>			
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

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

**CERTIFICATED EMPLOYEES - 40%**

<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 *	500.33	650.43
District 2024 Contribution	<u>292.94</u>	<u>585.88</u>	<u>761.64</u>
Voluntary Deduction	439.40	1,629.32	2,118.11
<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>			
<b>UNITED HEALTHCARE ALLIANCE</b>			
Cost	991.73	1,983.46	2,578.49
District Contribution (Cap)	<u>625.42</u>	<u>500.33</u>	<u>650.43</u>
Voluntary Deduction	366.31	1,483.13	1,928.06
<b>UNITED HEALTHCARE HARMONY</b>			
Cost	881.71	1,763.42	2,292.46
District Contribution	<u>625.42</u>	<u>500.33</u>	<u>650.43</u>
Voluntary Deduction	256.29	1,263.09	1,642.03
<b>DELTA DENTAL</b>			
Cost	132.32	132.32	132.32
District Contribution (Cap)	<u>67.53</u>	<u>67.53</u>	<u>67.53</u>
Voluntary Deduction	64.79	64.79	64.79
<b>METLIFE DENTAL**</b>			
Cost	60.07	60.07	60.07
District Contribution (Cap)	22.17	22.17	22.17
District 2024 Contribution	<u>1.86</u>	<u>1.86</u>	<u>1.86</u>
Voluntary Deduction	36.04	36.04	36.04
<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)	<u>11.48</u>	<u>11.48</u>	<u>11.48</u>
Voluntary Deduction	17.26	17.26	17.26
<b>LIFE INSURANCE</b>			
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
<b>CASH-IN-LIEU OF BENEFITS***</b>			
District Contribution (Cap)	47.17	94.33	122.63

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