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

CLASSIFIED EMPLOYEES 4 HOURS

DI ANIALAKE	10THLY	10THLY	10THLY
PLAN NAME	SINGLE	2-PARTY	FAMILY
ANTHEM HMO SELECT	1 000 27	2.010.71	2 (24 22
Cost	1,009.36	2,018.71	2,624.33
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	383.94	1,393.29	1,811.29
ANTHEM HMO TRADITIONAL			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	589.78	1,804.99	2,346.49
BLUE SHIELD ACCESS (HMO)			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	141.28	282.57	367.34
Voluntary Deduction	141.28	907.97	1,180.37
BLUE SHIELD TRIO (HMO)			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	110.11	220.22	286.28
Voluntary Deduction	110.11	845.62	1,099.31
HEALTH NET SALUD Y MAS			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	130.74	571.42	742.86
Voluntary Deduction	0.00	315.47	410.11
HEALTH NET SMART CARE (May	no longer be offered)		
Cost	0.00	0.00	0.00
District Contribution (Cap)	0.00	0.00	0.00
Voluntary Deduction	0.00	0.00	-0.01
KAISER			
Cost	1,038.49	2,076.98	2,700.08
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	206.54	413.08	537.00
Voluntary Deduction	206.54	1,038.48	1,350.04
PERS GOLD (Formerly PERS SELE	CT)		
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	316.92	1,259.25	1,637.04

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CLASSIFIED EMPLOYEES 4 HOURS

PLAN NAME	10THLY SINGLE	10THLY 2-PARTY	10THLY FAMILY
PERS PLATINUM (Formerly PERS	CARE*, PERS Choice)		
Cost	1,357.76	2,715.53	3,530.18
District Contribution	625.42 *	625.42	813.04
Voluntary Deduction	732.34	2,090.11	2,717.14
*Employees who were enrolled in PEI District contribution of \$859.40, 10TH		ly, in the 2006 year sha	ll be entitled to a
UNITED HEALTHCARE ALLIANO	CE		
Cost	991.73	1,983.46	2,578.49
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	366.31	1,358.04	1,765.45
UNITED HEALTHCARE HARMON	NY		
Cost	881.71	1,763.42	2,292.46
District Contribution	625.42	625.42	813.04
Voluntary Deduction	256.29	1,138.00	1,479.42
DELTA DENTAL			
Cost	132.32	132.32	132.32
District Contribution (Cap)	84.42	84.42	84.42
Voluntary Deduction	47.91	47.90	47.90
METLIFE DENTAL**			
Cost	60.07	60.07	60.07
District Contribution (Cap)	29.38	29.38	29.38
District Contribution (Cap) District 2024 Contribution	0.66	0.66	0.66
Voluntary Deduction	30.03	30.03	30.03
**MetLife Dental Rates effective Octo			30.03
VISION SERVICE PLAN			
Cost	28.74	28.74	28.74
District Contribution (Cap)	14.67	14.37	14.37
Voluntary Deduction	14.07	14.37	14.37
LIPE INGUIDANCE			
LIFE INSURANCE	1.87	1.87	1 07
Cost			1.87
District Contribution (Cap)	$\frac{1.87}{0.00}$	$\frac{1.87}{0.00}$	1.87 0.00
Voluntary Deduction	0.00	0.00	0.00