

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

CLASSIFIED EMPLOYEES 6-8 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)	<u>625.42</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	383.94	767.88	998.25
ANTHEM HMO TRADITIONAL			
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
BLUE SHIELD ACCESS (HMO)			
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
BLUE SHIELD TRIO (HMO)			
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
HEALTH NET SALUD Y MAS			
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
HEALTH NET SMART CARE (No longer available)			
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
KAISER			
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
PERS GOLD (Formerly PERS SELECT)			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	<u>625.42</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	316.92	633.84	824.00

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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 (Cap)	<u>625.42 *</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	732.34	1,464.70	1,904.10

**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)	<u>625.42</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	366.31	732.63	952.41

UNITED HEALTHCARE HARMONY

Cost	881.71	1,763.42	2,292.46
District Contribution (Cap)	<u>625.42</u>	<u>1,250.83</u>	<u>1,626.08</u>
Voluntary Deduction	256.29	512.59	666.38

DELTA DENTAL

Cost	132.32	132.32	132.32
District Contribution (Cap)	<u>132.32</u>	<u>132.32</u>	<u>132.32</u>
Voluntary Deduction	0.00	0.00	0.00

METLIFE DENTAL**

Cost	60.07	60.07	60.07
District Contribution (Cap)	58.75	58.75	58.75
District 2024 Contribution	<u>1.32</u>	<u>1.32</u>	<u>1.32</u>
Voluntary Deduction	0.00	0.00	0.00

***MetLife Dental Rates effective October 1, 2023 thru September 30, 2024*

VISION SERVICE PLAN

Cost	28.74	28.74	28.74
District Contribution (Cap)	<u>28.74</u>	<u>28.74</u>	<u>28.74</u>
Voluntary Deduction	0.00	0.00	0.00

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