

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

**CERTIFICATED EMPLOYEES - 100%**

<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	1,250.83	1,626.08
Voluntary Deduction	383.94	767.88	998.25
<b>ANTHEM HMO TRADITIONAL</b>			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	625.42	1,250.83	1,626.08
Voluntary Deduction	589.78	1,179.58	1,533.45
<b>BLUE SHIELD ACCESS (HMO)</b>			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	0.00	565.13	734.67
Voluntary Deduction	282.56	0.00	0.00
<b>BLUE SHIELD TRIO (HMO)</b>			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	220.21	440.43	572.55
Voluntary Deduction	0.00	0.00	0.00
<b>HEALTH NET SALUD Y MAS</b>			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	130.74	261.48	339.93
Voluntary Deduction	0.00	0.00	0.00
<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	1,250.83	1,626.08
District 2024 Contribution	413.07	826.15	1,074.00
Voluntary Deduction	0.00	0.00	0.00
<b>PERS GOLD (Formerly PERS SELECT)</b>			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2024 Contribution	316.92	633.84	824.00
Voluntary Deduction	0.00	0.00	0.00

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**CERTIFICATED EMPLOYEES - 100%**

<b>PLAN NAME</b>	<b>10THLY SINGLE</b>	<b>10THLY 2-PARTY</b>	<b>10THLY FAMILY</b>
<b>PERS PLATINUM (Formerly PERS CARE*, PERS Choice)</b>			
Cost	1,357.76	2,715.53	3,530.18
District Contribution	625.42 *	1,250.83	1,626.08
District 2024 Contribution	732.34	1,464.70	1,904.10
Voluntary Deduction	0.00	0.00	0.00
<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)	625.42	1,250.83	1,626.08
Voluntary Deduction	366.31	732.63	952.41
<b>UNITED HEALTHCARE HARMONY</b>			
Cost	881.71	1,763.42	2,292.46
District Contribution	625.42	1,250.83	1,626.08
Voluntary Deduction	256.29	512.59	666.38
<b>DELTA DENTAL</b>			
Cost	132.32	132.32	132.32
District Contribution (Cap)	132.32	132.32	132.32
Voluntary Deduction	0.00	0.00	0.00
<b>METLIFE DENTAL**</b>			
Cost	60.07	60.07	60.07
District Contribution (Cap)	55.43	55.43	55.43
District 2024 Contribution	4.64	4.64	4.64
Voluntary Deduction	0.00	0.00	0.00
<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)	28.74	28.74	28.74
Voluntary Deduction	0.00	0.00	0.00
<b>LIFE INSURANCE</b>			
Cost	1.87	1.87	1.87
District Contribution (Cap)	1.87	1.87	1.87
Voluntary Deduction	0.00	0.00	0.00
<b>CASH-IN-LIEU OF BENEFITS***</b>			
District Contribution (Cap)	117.92	235.83	306.58

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

**LITTLE LAKE CITY SCHOOL DISTRICT  
HEALTH AND WELFARE RATES  
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**CERTIFICATED EMPLOYEES - 60%**

<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	750.50	975.65
Voluntary Deduction	383.94	1,268.21	1,648.68
<b>ANTHEM HMO TRADITIONAL</b>			
Cost	1,215.20	2,430.41	3,159.53
District Contribution (Cap)	625.42	750.50	975.65
Voluntary Deduction	589.78	1,679.91	2,183.88
<b>BLUE SHIELD ACCESS (HMO)</b>			
Cost	907.98	1,815.96	2,360.75
District Contribution (Cap)	625.42	750.50	975.65
District 2024 Contribution	169.54	339.08	440.80
Voluntary Deduction	113.02	726.38	944.30
<b>BLUE SHIELD TRIO (HMO)</b>			
Cost	845.63	1,691.26	2,198.63
District Contribution (Cap)	625.42	750.50	975.65
District 2024 Contribution	132.13	264.26	343.53
Voluntary Deduction	88.08	676.50	879.45
<b>HEALTH NET SALUD Y MAS</b>			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	750.50	975.65
District 2024 Contribution	78.44	156.89	203.96
Voluntary Deduction	52.30	604.92	786.40
<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	750.50	975.65
District 2024 Contribution	247.84	495.69	644.40
Voluntary Deduction	165.23	830.79	1,080.03
<b>PERS GOLD (Formerly PERS SELECT)</b>			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	750.50	975.65
District 2024 Contribution	190.15	380.30	494.40
Voluntary Deduction	126.77	753.87	980.03

**LITTLE LAKE CITY SCHOOL DISTRICT  
HEALTH AND WELFARE RATES  
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**CERTIFICATED EMPLOYEES - 60%**

<b>PLAN NAME</b>	<b>10THLY SINGLE</b>	<b>10THLY 2-PARTY</b>	<b>10THLY FAMILY</b>
<b>PERS PLATINUM (Formerly PERS CARE*, PERS Choice)</b>			
Cost	1,357.76	2,715.53	3,530.18
District Contribution	625.42 *	750.50	975.65
District 2024 Contribution	439.40	878.82	1,142.46
Voluntary Deduction	292.94	1,086.21	1,412.07
<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)	625.42	750.50	975.65
Voluntary Deduction	366.31	1,232.96	1,602.84
<b>UNITED HEALTHCARE HARMONY</b>			
Cost	881.71	1,763.42	2,292.46
District Contribution	625.42	750.50	975.65
Voluntary Deduction	256.29	1,012.92	1,316.81
<b>DELTA DENTAL</b>			
Cost	132.32	132.32	132.32
District Contribution (Cap)	101.30	101.30	101.30
Voluntary Deduction	31.02	31.02	31.02
<b>METLIFE DENTAL**</b>			
Cost	60.07	60.07	60.07
District Contribution (Cap)	33.26	33.26	33.26
District 2024 Contribution	2.78	2.78	2.78
Voluntary Deduction	24.03	24.03	24.03
<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)	17.24	17.24	17.24
Voluntary Deduction	11.50	11.50	11.50
<b>LIFE INSURANCE</b>			
Cost	1.87	1.87	1.87
District Contribution (Cap)	1.87	1.87	1.87
Voluntary Deduction	0.00	0.00	0.00
<b>CASH-IN-LIEU OF BENEFITS***</b>			
District Contribution (Cap)	70.75	141.50	183.95

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

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

**CERTIFICATED EMPLOYEES - 50%**

<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	625.42	813.04
Voluntary Deduction	383.94	1,393.29	1,811.29
<b>ANTHEM HMO TRADITIONAL</b>			
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
<b>BLUE SHIELD ACCESS (HMO)</b>			
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	169.54	907.97	1,180.37
	314.60		
<b>BLUE SHIELD TRIO (HMO)</b>			
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	110.10	845.62	1,099.31
<b>HEALTH NET SALUD Y MAS</b>			
Cost	756.16	1,512.31	1,966.01
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	65.37	130.74	169.97
Voluntary Deduction	65.37	756.15	983.01
<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	625.42	813.04
District 2024 Contribution	206.54	413.08	537.00
Voluntary Deduction	206.53	1,038.48	1,350.04
<b>PERS GOLD (Formerly PERS SELECT)</b>			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	158.46	316.92	412.00
Voluntary Deduction	158.46	942.33	1,225.04

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**CERTIFICATED EMPLOYEES - 50%**

<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 *	625.42	813.04
District 2024 Contribution	366.17	732.35	952.05
Voluntary Deduction	366.17	1,357.76	1,765.09
<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)	625.42	625.42	813.04
Voluntary Deduction	366.31	1,358.04	1,765.45
<b>UNITED HEALTHCARE HARMONY</b>			
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
<b>DELTA DENTAL</b>			
Cost	132.32	132.32	132.32
District Contribution (Cap)	84.42	84.42	84.42
Voluntary Deduction	47.91	47.91	47.91
<b>METLIFE DENTAL**</b>			
Cost	60.07	60.07	60.07
District Contribution (Cap)	27.72	27.72	27.72
District 2024 Contribution	2.32	2.32	2.32
Voluntary Deduction	30.03	30.03	30.03
<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)	14.35	14.35	14.35
Voluntary Deduction	14.39	14.39	14.39
<b>LIFE INSURANCE</b>			
Cost	1.87	1.87	1.87
District Contribution (Cap)	1.87	1.87	1.87
Voluntary Deduction	0.00	0.00	0.00
<b>CASH-IN-LIEU OF BENEFITS***</b>			
District Contribution (Cap)	58.96	117.92	153.29

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

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**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

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**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)	625.42	500.33	650.43
Voluntary Deduction	<u>366.31</u>	<u>1,483.13</u>	<u>1,928.06</u>
<b>UNITED HEALTHCARE HARMONY</b>			
Cost	881.71	1,763.42	2,292.46
District Contribution	625.42	500.33	650.43
Voluntary Deduction	<u>256.29</u>	<u>1,263.09</u>	<u>1,642.03</u>
<b>DELTA DENTAL</b>			
Cost	132.32	132.32	132.32
District Contribution (Cap)	67.53	67.53	67.53
Voluntary Deduction	<u>64.79</u>	<u>64.79</u>	<u>64.79</u>
<b>METLIFE DENTAL**</b>			
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	<u>36.04</u>	<u>36.04</u>	<u>36.04</u>
<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)	11.48	11.48	11.48
Voluntary Deduction	<u>17.26</u>	<u>17.26</u>	<u>17.26</u>
<b>LIFE INSURANCE</b>			
Cost	1.87	1.87	1.87
District Contribution (Cap)	1.87	1.87	1.87
Voluntary Deduction	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<b>CASH-IN-LIEU OF BENEFITS***</b>			
District Contribution (Cap)	47.17	94.33	122.63

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