

**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>
ANTHEM HMO SELECT			
Cost	1,009.36	2,018.71	2,624.33
District Contribution (Cap)	<u>625.42</u>	<u>625.42</u>	<u>813.04</u>
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)	<u>625.42</u>	<u>625.42</u>	<u>813.04</u>
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	<u>141.28</u>	<u>282.57</u>	<u>367.34</u>
Voluntary Deduction	169.54	907.97	1,180.37
	314.60		
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	<u>110.11</u>	<u>220.22</u>	<u>286.28</u>
Voluntary Deduction	110.10	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	<u>65.37</u>	<u>130.74</u>	<u>169.97</u>
Voluntary Deduction	65.37	756.15	983.01
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	625.42	813.04
District 2024 Contribution	<u>206.54</u>	<u>413.08</u>	<u>537.00</u>
Voluntary Deduction	206.53	1,038.48	1,350.04
PERS GOLD (Formerly PERS SELECT)			
Cost	942.34	1,884.67	2,450.08
District Contribution (Cap)	625.42	625.42	813.04
District 2024 Contribution	<u>158.46</u>	<u>316.92</u>	<u>412.00</u>
Voluntary Deduction	158.46	942.33	1,225.04

**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>
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
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>			
UNITED HEALTHCARE ALLIANCE			
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 HARMONY			
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	47.91	47.91
METLIFE DENTAL**			
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>			
VISION SERVICE PLAN			
Cost	28.74	28.74	28.74
District Contribution (Cap)	14.35	14.35	14.35
Voluntary Deduction	14.39	14.39	14.39
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***			
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.*