

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

CERTIFICATED EMPLOYEES - 60%

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

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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	625.42 *	750.50	975.65
District 2024 Contribution	<u>439.40</u>	<u>878.82</u>	<u>1,142.46</u>
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>			
UNITED HEALTHCARE ALLIANCE			
Cost	991.73	1,983.46	2,578.49
District Contribution (Cap)	<u>625.42</u>	<u>750.50</u>	<u>975.65</u>
Voluntary Deduction	366.31	1,232.96	1,602.84
UNITED HEALTHCARE HARMONY			
Cost	881.71	1,763.42	2,292.46
District Contribution	<u>625.42</u>	<u>750.50</u>	<u>975.65</u>
Voluntary Deduction	256.29	1,012.92	1,316.81
DELTA DENTAL			
Cost	132.32	132.32	132.32
District Contribution (Cap)	<u>101.30</u>	<u>101.30</u>	<u>101.30</u>
Voluntary Deduction	31.02	31.02	31.02
METLIFE DENTAL**			
Cost	60.07	60.07	60.07
District Contribution (Cap)	33.26	33.26	33.26
District 2024 Contribution	<u>2.78</u>	<u>2.78</u>	<u>2.78</u>
Voluntary Deduction	24.03	24.03	24.03
<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)	<u>17.24</u>	<u>17.24</u>	<u>17.24</u>
Voluntary Deduction	11.50	11.50	11.50
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
CASH-IN-LIEU OF BENEFITS***			
District Contribution (Cap)	<u>70.75</u>	<u>141.50</u>	<u>183.95</u>

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