



Medical • Dental • Vision • Life • AD&D • FSA • EAP • Voluntary Benefits



2024

EMPLOYEE BENEFITS RESOURCE

Benefit Eligible Employees

Plans Effective January 2024 – December 2024

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Human Resources

Lindsay Meyer, Benefits & Risk Management Specialist

Phone: 619.258.2313 | Email: Lindsay.meyer@santeesd.net

Eligibility

Santee School District assures an affordable and comprehensive benefits package which includes **medical, dental, vision** and **life** coverage for the employee. Employees have the option to enroll their dependents in a medical or dental plan.

Employees also have the opportunity to participate in a variety of voluntary benefits that can be funded by convenient payroll deductions including:

- Disability
- Life/Accidental Death & Dismemberment
- Accident/Cancer/Critical Illness
- Flexible Spending Accounts
- Legal Plan
- Pet Insurance

Eligible Employees

Employees who work 20 or more hours per week are eligible for the District's benefits on the first of the month following your contract date of hire provided you meet the minimum eligibility guidelines as defined by the District.

Eligible Dependents

You may enroll your eligible family members in the same medical and/or dental plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner
- Your children under the age of 26 who are your biological children, stepchildren, adopted children or children for whom you have legal custody
- Your disabled children, age 26 or older who meet certain criteria, may continue health coverage
- Children of registered domestic partners

Proof of Dependent Eligibility

It is mandatory employees submit documentation verifying that the individuals enrolled in benefits meet the eligibility requirements. Acceptable documents include:

- Certified copy of a marriage certificate
- Declaration of Domestic Partnership form
- Birth or adoption/court-appointment guardianship certificate
- First page of current or previous year's tax form

End of Eligibility

Eligibility ends for you and/or your dependent(s) on the first of the month following the date of termination of your employment or reduction in hours which causes you to lose eligibility, your divorce/legal separation, your covered child's 26th birthday or death.

Waiving Medical Coverage (Cash in Lieu of Medical Benefits)

Upon providing proof of coverage in another group health plan and completing the Medical Coverage Declination form, employees may decline the district medical insurance as long as their group coverage is considered valid. To be considered valid, the group coverage for those waiving must meet the minimum essential benefit guidelines as outlined under the PPACA. Qualifying employees will receive an amount of \$900 annually, *prorated by pay period*.

Waiving Dependent Medical Coverage

Employees who waive dependent medical coverage will receive an annual dependent waiver stipend, *prorated by pay period*. Full and part-time Classified staff will receive \$240. If there are unused benefit monies, Certificated staff will receive up to \$480, and Confidential and Management staff as well as Board members will receive up to \$700.

Enrollment

When to Enroll

The choices you make when you first become eligible will remain in effect for the remainder of the calendar year. These are your three opportunities to enroll or make changes to your benefit elections:

1. Within 30 days of your initial eligibility date
2. During the annual Open Enrollment period
3. Within 30 days of a qualified change in family status

Newly Eligible Employees

Employees who are newly eligible for benefits will be assigned a New Benefits Checklist in TalentEd to complete.

Enrollment Checklist

- Take some time to learn about all of the benefit options that are available to you. Read this *2024 Employee Benefits Guide* carefully as you consider your plan choices.
- Attend a Benefits Enrollment Meeting to better understand the details of the marketplace medical plan choices, get an overview of all the benefit programs, and have an opportunity to ask questions.
- Decide if you want to enroll in a Flexible Spending Account (Healthcare and/or Dependent Day Care). Remember: you must actively enroll each year.
- You may also wish to read the *HSA Plan Quick Guide* which provides a more detailed overview of the HSA Plan. HSA Plan members, decide if you want to make a contribution to your Health Savings Account.
- Actively enroll online through <https://santeesdbenefits.hrintouch.com> within 30 days of your initial eligibility date, during the open enrollment period, or within 30 days of a qualified change in family status.
- Review your beneficiary(ies). Make any necessary updates to ensure the accuracy of your beneficiary information for Life/AD&D insurance.
- Once you have completed your enrollment online, save or print a copy of your confirmation statement, review it for accuracy, and retain it for your records.
- The Benefits Department will not mail confirmations to your home address. This is your only record of your enrollment.

Open Enrollment

During the District's annual open enrollment, employees have the opportunity to enroll or change your benefit elections for the upcoming plan year. Employees should review your benefit plan options, verify your personal information and make any necessary changes. Changes made during open enrollment will become effective on January 1st of the following year. It is important to note that once you have made your elections, you will not be able to change them until the next open enrollment period *unless you have a qualified change in status*.

Qualifying Events - Making Mid-Year Benefit Changes

IRS rules prohibit changes during the year unless you have a qualifying event. Some examples of qualifying events are:

- Change in marital status including marriage, death, divorce, legal separation, or annulment
- Change in number of dependents (birth, adoption, death)
- Change in employment status that changes eligibility status: (termination, or decrease in hours worked, etc.)
- Change in residency that affects access to providers
- Change in spouse or child's eligibility under another employer or government plan
- Open enrollment of spouse's employer's plan

Remember! You are responsible for notifying the Benefits Department within 30 days of any qualifying life event that would cause a change in benefit status including a COBRA eligibility change.

Medical Benefits

Choosing the Right Medical Plan

We understand that selecting a medical plan for you and your family is an important decision that involves balancing the premium cost with other details like access to doctors and out-of-pocket expenses like copays and coinsurance.

Because employees have different needs, the District offers several medical plan options through the CSEBA Marketplace which provide flexibility for employees to select plans that most fit your budget and lifestyle needs. All medical plans will be offered online in a tiered format enabling employees to compare plans and options before you make your election.

Know Your Options

Through the Marketplace, employees will have the choice to enroll in one of the 21 medical plans offered through Kaiser and Blue Shield which include:

- Four Kaiser HMO
- Eight Blue Shield HMO
- Six Blue Shield PPO
- One Kaiser HMO HSA Compatible High Deductible
- Two Blue Shield PPO HSA Compatible High Deductible

Employees who enroll in an HSA compatible plan will have the opportunity to set up a Health Savings Account (HSA) to help offset some of the out-of-pocket costs associated with these high deductible plans. Please refer to page 15 for additional details.

Metal Tiers

The HMO and PPO plans are named after various metals - Bronze, Silver, Gold and Platinum:

- **Bronze** offers the lowest monthly premium with the highest employee out-of-pocket costs at the time of service
- **Silver** offers a low monthly premium with a slightly higher cost share at the time of service
- **Gold** offers a higher monthly premium and comprehensive coverage with the employee paying less out of pocket at the time services are received
- **Platinum*** offers the most comprehensive coverage with the highest monthly premium. The employee cost share is the lowest when healthcare services are received; however, payroll deductions will be higher.

*The platinum tier is currently not available in PPO plans.

Chiropractic Benefits

Both Blue Shield and Kaiser have partnered with **American Specialty Health (ASH) Plans of California** to offer chiropractic coverage to the District's benefit-eligible retirees. If you are enrolled in one of the Blue Shield HMO plans, Blue Shield PPO plans, Blue Shield HDHP/HSA plan or one of the Kaiser HMO plans, you can obtain chiropractic care by selecting a contracted chiropractor through ASH.



For a list of Participating Providers, please visit the ASH Plans website at www.ashlink.com or contact the ASH Plans Customer Service Department at **1.800.678.9133**.

Important to Note: Chiropractic coverage is not offered under the Kaiser Bronze II High Deductible Health Plan.

Kaiser HMO

Kaiser offers four HMO plan options which provide members with access to medical care through Kaiser Permanente physicians and hospitals. Services are covered if they are provided, prescribed or authorized by a Kaiser Plan Physician and you receive the services from Plan Providers inside the Southern California Region Service Area (your Home Region), except in the event of an emergency or where specifically noted to the contrary in the Evidence of Coverage (EOC).

The following summaries highlight the covered benefits under Kaiser’s Platinum and Gold HMO plans. These plans have higher monthly premiums with lower out-of-pocket costs at the time of service.

Platinum		Gold	
Deductible & Maximum OOP:		Deductible & Maximum OOP:	
Annual Deductible	\$0	Annual Deductible	\$0
Maximum Yearly OOP Costs	\$1,500 ind / \$3,000 fam	Maximum Yearly OOP Costs	\$2,500 ind / \$5,000 fam
Hospital Services		Hospital Services	
Hospitalization	\$100	Hospitalization	\$500
Mental Health/Substance Abuse	\$100	Mental Health/Substance Abuse	\$500
Outpatient surgery	\$50	Outpatient surgery	\$250
Emergency & Urgent Care		Emergency & Urgent Care	
Ambulance Services	\$100	Ambulance Services	\$100
Emergency Care	\$100	Emergency Care	\$100
Urgent Care Visits	\$15	Urgent Care Visits	\$20
Preventive Care		Preventive Care	
Routine Physical Maintenance Exams		Routine Physical Maintenance Exams	
Well Baby/Child Exams	No charge	Well Baby/Child Exams	No charge
Immunizations		Immunizations	
Diagnostic Testing		Diagnostic Testing	
Lab tests / diagnostic x-ray	No charge	Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	No charge	MRI, most CT and PET scans	\$100
Outpatient Physicians Services		Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$15	Office Visits (PCP/Specialists)	\$20
Physical/Occupational/Speech Therapy	\$15	Physical/Occupational/Speech Therapy	\$20
Mental Health/Substance Abuse	\$15	Mental Health/Substance Abuse	\$20
Other Services/Equipment		Other Services/Equipment	
Durable Medical Equipment	No charge	Durable Medical Equipment	10%
Home Health (up to 100 visits)	No charge	Home Health (up to 100 visits)	No charge
Hospice	No charge	Hospice	No charge
Prescription: (30-day supply)		Prescription: (30-day supply)	
Generic / Brand	\$10 / \$20	Generic / Brand	\$10 / \$20
Specialty	20% (up to \$150 max)	Specialty	20% (up to \$150 max)
Chiropractic/Acupuncture		Chiropractic/Acupuncture	
up to 30 combined visits/year	\$10 copay	up to 30 combined visits/year	\$10

Kaiser HMO

The following summaries highlight the covered benefits under Kaiser’s Silver and Bronze HMO plans. These plans have lower monthly premiums with higher out-of-pocket costs at the time of service.

Silver

Deductible & Maximum OOP:	
Annual Deductible	\$500 ind / \$1,000 fam
Maximum Yearly OOP Costs	\$3,000 ind / \$6,000 fam
Hospital Services	
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care	
Ambulance Services	\$150
Emergency Care	10% AD
Urgent Care Visits	\$20
Preventive Care	
Routine Physical Maintenance Exams	
Well Baby/Child Exams	No charge
Immunizations	
Diagnostic Testing	
Lab tests / diagnostic x-ray	\$10
MRI, most CT and PET scans	10% up to \$50
Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$20
Physical/Occupational/Speech Therapy	\$20
Mental Health/Substance Abuse	\$20
Other Services/Equipment	
Durable Medical Equipment	20%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	
Generic / Brand	\$10 / \$30
Specialty	20% (up to \$150 max)
Chiropractic/Acupuncture	
up to 30 combined visits/year	\$15

Bronze

Deductible & Maximum OOP:	
Annual Deductible	\$1,500 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services	
Hospitalization	30% AD
Mental Health/Substance Abuse	30% AD
Outpatient surgery	30% AD
Emergency & Urgent Care	
Ambulance Services	\$150
Emergency Care	30% AD
Urgent Care Visits	\$40
Preventive Care	
Routine Physical Maintenance Exams	
Well Baby/Child Exams	No charge
Immunizations	
Diagnostic Testing	
Lab tests / diagnostic x-ray	\$10
MRI, most CT and PET scans	30% up to \$50
Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$40
Physical/Occupational/Speech Therapy	\$40
Mental Health/Substance Abuse	\$40
Other Services/Equipment	
Durable Medical Equipment	20%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	
Generic / Brand	\$10 / \$30
Specialty	20% (up to \$150 max)
Chiropractic/Acupuncture	
up to 30 combined visits/year	\$15

AD = After deductible

Blue Shield HMO – Access+ Network

Blue Shield’s Access+ HMO plans offer members medical care through physicians and facilities in the Access+ network.

Upon enrolling in any one of the Blue Shield Access+ HMO plans, you must choose a primary care physician (PCP) from the Access+ network. Your PCP will coordinate your care, including referrals to specialists. Covered family members can select different PCPs and/or medical groups within the network. Members may also change PCPs or medical groups within the network during the year.

Blue Shield HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA), except services provided under the “Access+ Specialist” feature. This feature allows members to self-refer for specialty consultation within the member’s medical group. Excludes allergy, dermatology, PT and Podiatry.

The following summaries highlight the covered benefits under the Blue Shield Access+ Platinum and Gold HMO plans. These plans have higher monthly premiums with lower out-of-pocket costs at the time of service.

Platinum

Deductible & Maximum OOP:	
Annual Deductible	\$0
Maximum Yearly OOP Costs	\$1,500 ind / \$3,000 fam
Hospital Services	
Hospitalization	\$100
Mental Health/Substance Abuse	\$100
Outpatient surgery	\$50
Emergency & Urgent Care	
Ambulance Services	\$100
Emergency Care	\$100
Urgent Care Visits	\$15
Preventive Care	
Preventive Health Services	No charge
California Prenatal Screening Program	No charge
Diagnostic Testing	
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	No charge
Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$15
Access+ Specialist	\$25
Physical/Occupational/Speech Therapy	\$15
Mental Health/Substance Abuse	\$15
Other Services/Equipment	
Durable Medical Equipment	No charge
Home Health (up to 100 visits)	\$15
Hospice	No charge
Prescription: (30-day supply)	
Tier 1	\$10
Tier 2	\$20
Tier 3	\$40
Tier 4	20% (to \$150 max)
Chiropractic/Acupuncture	
up to 30 combined visits/year	\$10

Gold

Deductible & Maximum OOP:	
Annual Deductible	\$0
Maximum Yearly OOP Costs	\$2,500 ind / \$5,000 fam
Hospital Services	
Hospitalization	\$500
Mental Health/Substance Abuse	\$500
Outpatient surgery	\$250
Emergency & Urgent Care	
Ambulance Services	\$100
Emergency Care	\$100
Urgent Care Visits	\$20
Preventive Care	
Preventive Health Services	No charge
California Prenatal Screening Program	No charge
Diagnostic Testing	
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	\$100
Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$20
Access+ Specialist	\$30
Physical/Occupational/Speech Therapy	\$20
Mental Health/Substance Abuse	\$20
Other Services/Equipment	
Durable Medical Equipment	10%
Home Health (up to 100 visits)	\$20
Hospice	No charge
Prescription: (30-day supply)	
Tier 1	\$10
Tier 2	\$20
Tier 3	\$40
Tier 4	20% (to \$150 max)
Chiropractic/Acupuncture	
up to 30 combined visits/year	\$10

Blue Shield HMO – Access+ Network

Blue Shield’s Access+ Silver and Bronze HMO plans have lower monthly premiums with higher out-of-pocket costs at the time of service. The following summaries highlight the covered benefits under each plan.

Silver

Deductible & Maximum OOP:	
Annual Deductible	\$500 ind / \$1,000 fam
Maximum Yearly OOP Costs	\$3,000 ind / \$6,000 fam
Hospital Services	
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care	
Ambulance Services	\$150
Emergency Care	10%
Urgent Care Visits	\$20
Preventive Care	
Preventive Health Services	No charge
California Prenatal Screening Program	No charge
Diagnostic Testing	
Lab tests / diagnostic x-ray	\$10
MRI, most CT and PET scans	\$50
Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$20
Access+ Specialist	\$30
Physical/Occupational/Speech Therapy	\$20
Mental Health/Substance Abuse	\$20
Other Services/Equipment	
Durable Medical Equipment	20%
Home Health (up to 100 visits)	\$20
Hospice	No charge
Prescription: (30-day supply)	
Tier 1	\$10
Tier 2	\$30
Tier 3	\$50
Tier 4	20% (to \$150 max)
Chiropractic/Acupuncture	
up to 30 combined visits/year	\$15

Bronze

Deductible & Maximum OOP:	
Annual Deductible	\$1,500 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services	
Hospitalization	30% AD
Mental Health/Substance Abuse	30% AD
Outpatient surgery	30% AD
Emergency & Urgent Care	
Ambulance Services	\$150
Emergency Care	30%
Urgent Care Visits	\$40
Preventive Care	
Preventive Health Services	No charge
California Prenatal Screening Program	No charge
Diagnostic Testing	
Lab tests / diagnostic x-ray	\$10
MRI, most CT and PET scans	\$50
Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$40
Access+ Specialist	\$50
Physical/Occupational/Speech Therapy	\$40
Mental Health/Substance Abuse	\$40
Other Services/Equipment	
Durable Medical Equipment	20%
Home Health (up to 100 visits)	\$40
Hospice	No charge
Prescription: (30-day supply)	
Tier 1	\$10
Tier 2	\$30
Tier 3	\$50
Tier 4	20% (to \$150 max)
Chiropractic/Acupuncture	
up to 30 combined visits/year	\$15

AD = After deductible

Blue Shield HMO – Trio Network

Blue Shield’s Trio HMO plans offer members the same benefits as the Access+ HMO plans with the exception of the pharmacy benefit. These plans offer lower monthly premiums through a select group of physicians and facilities under the Trio Network.

To enroll in one of the Trio HMO plans, you and your covered dependents must live or work in the Trio HMO plan service area to be eligible for coverage. This plan requires you to choose a primary care physician (PCP) from Trio’s network. Your PCP will coordinate your care, including referrals to specialists. Enrolled dependents can select different PCPs and/or medical groups within the network. Members may also change PCPs or medical groups within the network during the year.

The Trio HMO plans offer the Trio+ Specialist feature which allows members to self-refer for specialty consultation within the member’s medical group. Excludes allergy, dermatology, PT and Podiatry.

The following summaries highlight the covered benefits under Blue Shield’s Trio HMO Platinum and Gold plans. These plans have higher monthly premiums with lower out-of-pocket costs at the time of service.

Platinum		Gold	
Deductible & Maximum OOP:		Deductible & Maximum OOP:	
Annual Deductible	\$0	Annual Deductible	\$0
Maximum Yearly OOP Costs	\$1,500 ind / \$3,000 fam	Maximum Yearly OOP Costs	\$2,500 ind / \$5,000 fam
Hospital Services		Hospital Services	
Hospitalization	You Pay	Hospitalization	You Pay
Mental Health/Substance Abuse	\$100	Mental Health/Substance Abuse	\$500
Outpatient surgery	\$50	Outpatient surgery	\$250
Emergency & Urgent Care		Emergency & Urgent Care	
Ambulance Services	You Pay	Ambulance Services	You Pay
Emergency Care	\$100	Emergency Care	\$100
Urgent Care Visits	\$15	Urgent Care Visits	\$20
Preventive Care		Preventive Care	
Preventive Health Services	You Pay	Preventive Health Services	You Pay
California Prenatal Screening Program	No charge	California Prenatal Screening Program	No charge
Diagnostic Testing		Diagnostic Testing	
Lab tests / diagnostic x-ray	You Pay	Lab tests / diagnostic x-ray	You Pay
MRI, most CT and PET scans	No charge	MRI, most CT and PET scans	\$100
Outpatient Physicians Services		Outpatient Physicians Services	
Office Visits (PCP/Specialists)	You Pay	Office Visits (PCP/Specialists)	You Pay
Access+ Specialist	\$15	Access+ Specialist	\$20
Physical/Occupational/Speech Therapy	\$25	Physical/Occupational/Speech Therapy	\$30
Mental Health/Substance Abuse	\$15	Mental Health/Substance Abuse	\$20
Other Services/Equipment		Other Services/Equipment	
Durable Medical Equipment	You Pay	Durable Medical Equipment	You Pay
Home Health (up to 100 visits)	No charge	Home Health (up to 100 visits)	10%
Hospice	\$15	Hospice	\$20
Prescription: (30-day supply)		Prescription: (30-day supply)	
Tier 1: Level A/Level B Pharmacies	No charge	Tier 1: Level A/Level B Pharmacies	No charge
Tier 2: Level A/Level B Pharmacies	\$0/\$10	Tier 2: Level A/Level B Pharmacies	\$0/\$10
Tier 3: Level A/Level B Pharmacies	\$10/\$20	Tier 3: Level A/Level B Pharmacies	\$10/\$20
Tier 4: Level A/Level B Pharmacies	\$20 ⁽¹⁾	Tier 4: Level A/Level B Pharmacies	\$20 ⁽¹⁾
	20% (to \$150 max)		20% (to \$150 max)
Chiropractic/Acupuncture		Chiropractic/Acupuncture	
up to 30 combined visits/year	You Pay	up to 30 combined visits/year	You Pay
	\$10		\$10

⁽¹⁾ Tier 3 Drugs require prior authorization. If approved, you pay your applicable Tier 2 copayment or coinsurance.

Blue Shield HMO – Trio Network

The following summaries highlight the covered benefits under Blue Shield’s Trio Silver and Bronze HMO plans. These plans have lower monthly premiums with higher out-of-pocket costs at the time of service.

Silver		Bronze	
Deductible & Maximum OOP:		Deductible & Maximum OOP:	
Annual Deductible	\$500 ind / \$1,000 fam	Annual Deductible	\$1,500 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$3,000 ind / \$6,000 fam	Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services		Hospital Services	
Hospitalization	10% AD	Hospitalization	30% AD
Mental Health/Substance Abuse	10% AD	Mental Health/Substance Abuse	30% AD
Outpatient surgery	10% AD	Outpatient surgery	30% AD
Emergency & Urgent Care		Emergency & Urgent Care	
Ambulance Services	\$150	Ambulance Services	\$150
Emergency Care	10%	Emergency Care	30%
Urgent Care Visits	\$20	Urgent Care Visits	\$40
Preventive Care		Preventive Care	
Preventive Health Services	No charge	Preventive Health Services	No charge
California Prenatal Screening Program	No charge	California Prenatal Screening Program	No charge
Diagnostic Testing		Diagnostic Testing	
Lab tests / diagnostic x-ray	\$10	Lab tests / diagnostic x-ray	\$10
MRI, most CT and PET scans	\$50	MRI, most CT and PET scans	\$50
Outpatient Physicians Services		Outpatient Physicians Services	
Office Visits (PCP/Specialists)	\$20	Office Visits (PCP/Specialists)	\$40
Access+ Specialist	\$30	Access+ Specialist	\$50
Physical/Occupational/Speech Therapy	\$20	Physical/Occupational/Speech Therapy	\$40
Mental Health/Substance Abuse	\$20	Mental Health/Substance Abuse	\$40
Other Services/Equipment		Other Services/Equipment	
Durable Medical Equipment	20%	Durable Medical Equipment	20%
Home Health (up to 100 visits)	\$20	Home Health (up to 100 visits)	\$40
Hospice	No charge	Hospice	No charge
Prescription: (30-day supply)		Prescription: (30-day supply)	
Tier 1: Level A/Level B Pharmacies	\$0/\$10	Tier 1: Level A/Level B Pharmacies	\$0/\$10
Tier 2: Level A/Level B Pharmacies	\$20/\$30	Tier 2: Level A/Level B Pharmacies	\$20/\$30
Tier 3: Level A/Level B Pharmacies	\$30 ⁽¹⁾	Tier 3: Level A/Level B Pharmacies	\$30 ⁽¹⁾
Tier 4: Level A/Level B Pharmacies	20% (to \$150 max)	Tier 4: Level A/Level B Pharmacies	20% (to \$150 max)
Chiropractic/Acupuncture		Chiropractic/Acupuncture	
up to 30 combined visits/year	\$15	up to 30 combined visits/year	\$15

⁽¹⁾ Tier 3 drugs require a formulary exception. If approved, you pay your applicable Tier 2 copayment or coinsurance.

AD = After Deductible

Blue Shield PPO – Full Network

Blue Shield’s Full PPO Network offers employees the choice between two PPO plans or metal tiers: the Gold and the Silver.

PPO plans offer you the flexibility to choose any doctor or specialist – in or out of the network for most services. However, you will pay less money out of pocket at the time of service when you see a doctor in the network. The brief summaries below highlight the in-network covered benefits under Blue Shield’s Full PPO network Gold and Silver plans. For complete coverage details including coverage for services received out-of-network, refer to the plan’s complete benefit summary.

Gold		Silver	
Deductible & Maximum OOP:		Deductible & Maximum OOP:	
Annual Deductible	\$500 ind / \$1,500 fam	Annual Deductible	\$1,000 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$3,000 ind / \$6,000 fam	Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services		Hospital Services	
	You Pay		You Pay
Hospitalization	10% AD	Hospitalization	20% AD
Mental Health/Substance Abuse	10% AD	Mental Health/Substance Abuse	20% AD
Outpatient surgery	10% AD	Outpatient surgery	20% AD
Emergency & Urgent Care		Emergency & Urgent Care	
	You Pay		You Pay
Ambulance Services	10% AD	Ambulance Services	20% AD
Emergency Care	\$150 +10%	Emergency Care	\$150 + 20%
Urgent Care	\$20	Urgent Care	\$30
Preventive Care		Preventive Care	
	You Pay		You Pay
Preventive Health Services	No charge	Preventive Health Services	No charge
Diagnostic Testing		Diagnostic Testing	
	You Pay		You Pay
Lab tests / diagnostic x-ray	10% AD	Lab tests / diagnostic x-ray	20% AD
MRI, most CT and PET scans	10% AD	MRI, most CT and PET scans	20% AD
Outpatient Physician Services		Outpatient Physician Services	
	You Pay		You Pay
Office Visits	\$20	Office Visits	\$30
Physical/Occupational/Therapy/Speech	10% AD	Physical/Occupational/Therapy/Speech	20% AD
Mental Health/Substance Abuse	\$20	Mental Health/Substance Abuse	\$30
Other Services/Equipment		Other Services/Equipment	
	You Pay		You Pay
Durable Medical Equipment	10% AD	Durable Medical Equipment	20% AD
Home Health (up to 100 visits)	10% AD	Home Health (up to 100 visits)	20% AD
Hospice	No charge	Hospice	20% AD
Prescription: (30-day supply)		Prescription: (30-day supply)	
	You Pay		You Pay
Tier 1	\$10	Tier 1	\$15
Tier 2	\$30	Tier 2	\$30
Tier 3	\$50	Tier 3	\$50
Tier 4	30% (to \$150 max)	Tier 4	30% (to \$200 max)
Chiropractic / Acupuncture		Chiropractic / Acupuncture	
	You Pay		You Pay
(Chiro 24 visits) (Acu 12 visits)	10% AD	(Chiro 24 visits) (Acu 12 visits)	20% AD

AD = After deductible

Blue Shield PPO – Tandem Network

If you want the flexibility of a PPO but with lower rates, Tandem PPO may be the perfect choice for you. Tandem plans are designed to offer you choice, quality and flexibility. It relies on a select network of providers committed to keep your premiums as low as possible.

Blue Shield’s Tandem PPO network extends throughout California and offers you access to a quality network of providers that includes all specialties and levels of care. Like other PPO plans, Tandem PPO offers you the flexibility to choose any doctor or specialist – in or out of the network. However, you will save money when you see a doctor in the Tandem network.

After enrolling in a Tandem PPO plan, you will be matched with a primary care physician (PCP) in the Tandem PPO network. Having a PCP means you have a doctor you can turn to for healthcare advice. You don’t need to visit your PCP first to receive care and you can see any doctor or specialist that you want without a referral. If you prefer a different PCP, you can easily change it online.

Although Blue Shield’s Tandem PPO and Full PPO plans offer the same benefits within each tier, the Tandem plans offer lower premiums. The brief summaries below highlight the in-network covered benefits under the Tandem Gold and Silver PPO plans. For complete coverage details including coverage for services received out-of-network, refer to the plan’s complete benefit summary.

Gold

Deductible & Maximum OOP:	
Annual Deductible	\$500 ind / \$1,500 fam
Maximum Yearly OOP Costs	\$3,000 ind / \$6,000 fam
Hospital Services You Pay	
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care You Pay	
Ambulance Services	10% AD
Emergency Care	\$150 + 10%
Urgent Care	\$20
Preventive Care You Pay	
Preventive Health Services	No charge
Diagnostic Testing You Pay	
Lab tests / diagnostic x-ray	10% AD
MRI, most CT and PET scans	10% AD
Outpatient Physician Services You Pay	
Office Visits	\$20
Physical/Occupational/Therapy/Speech	10% AD
Mental Health/Substance Abuse	\$20
Other Services/Equipment You Pay	
Durable Medical Equipment	10% AD
Home Health (up to 100 visits)	10% AD
Hospice	No charge
Prescription: (30-day supply) You Pay	
Tier 1: Level A/Level B Pharmacies	\$0/\$10
Tier 2: Level A/Level B Pharmacies	\$20/\$30
Tier 3: Level A/Level B Pharmacies	\$50/\$50
Tier 4: Level A/Level B Pharmacies	30% (to \$150 max)
Chiropractic / Acupuncture You Pay	
(Chiro 24 visits) (Acu 12 visits)	10% AD

Silver

Deductible & Maximum OOP:	
Annual Deductible	\$1,000 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services You Pay	
Hospitalization	20% AD
Mental Health/Substance Abuse	20% AD
Outpatient surgery	20% AD
Emergency & Urgent Care You Pay	
Ambulance Services	20% AD
Emergency Care	\$150 + 20%
Urgent Care	\$30
Preventive Care You Pay	
Preventive Health Services	No charge
Diagnostic Testing You Pay	
Lab tests / diagnostic x-ray	20% AD
MRI, most CT and PET scans	20% AD
Outpatient Physician Services You Pay	
Office Visits	\$30
Physical/Occupational/Therapy/Speech	20% AD
Mental Health/Substance Abuse	\$30
Other Services/Equipment You Pay	
Durable Medical Equipment	20% AD
Home Health (up to 100 visits)	20% AD
Hospice	20% AD
Prescription: (30-day supply) You Pay	
Tier 1: Level A/Level B Pharmacies	\$0/\$15
Tier 2: Level A/Level B Pharmacies	\$20/\$30
Tier 3: Level A/Level B Pharmacies	\$50/\$50
Tier 4: Level A/Level B Pharmacies	30% (to \$200 max)
Chiropractic / Acupuncture You Pay	
(Chiro 24 visits) (Acu 12 visits)	20% AD

AD = After deductible

Kaiser HMO - HDHP

Kaiser's HMO High Deductible Health Plan (HDHP) offers members access to medical care through Kaiser Permanente physicians and hospitals.

How is the HDHP HMO Different?

Kaiser's Bronze II HMO HDHP plan offers comprehensive coverage with the lowest monthly payroll contributions and highest out-of-pocket costs when receiving services.

Although members who enroll in this HMO HDHP plan will pay more out-of-pocket at the time of service, it is important to consider this plan is HSA compatible. This means you may set money aside on a tax-free basis in a **Health Savings Account (HSA)** to help offset your out-of-pocket expenses. Any unused money that you deposit into your HSA can be saved to pay for future medical expenses.

The brief summary below highlights the covered benefits under Kaiser's Bronze II HMO plan.

Kaiser Bronze II HMO w/ H S A⁽¹⁾

Deductible & Maximum OOP:	
Annual Deductible	\$2,800 ind / \$5,600 fam
Maximum Yearly OOP Costs	\$5,600 ind / \$11,200 fam
Hospital Services	You Pay
Hospitalization	20%
Mental Health/Substance Abuse	20%
Outpatient surgery	20%
Emergency & Urgent Care	You Pay
Ambulance Services	20%
Emergency Care	20%
Urgent Care Visits	\$10
Preventive Care	You Pay
Routine Physical Maintenance Exams	
Well Baby/Child Exams	No charge
Immunizations	
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physicians Services	You Pay
Office Visits (PCP/Specialists)	\$10
Physical/Occupational/Speech Therapy	\$10
Mental Health/Substance Abuse	\$10
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	You Pay
Generic / Brand	\$10 / \$25
Specialty	30% (to \$150 max)
Chiropractic/Acupuncture	You Pay
	Not Covered

⁽¹⁾ All services are subject to deductible except for Preventive Care.

Blue Shield PPO - Full Network HDHP

Like other PPO plans, the Full Network PPO High Deductible Health Plans through Blue Shield offer you the flexibility to choose any doctor or specialist – in or out of the network. However, you will pay less money out of pocket at the time of service when you see a doctor in the network.

How is the HDHP PPO Plan Different?

Blue Shield’s Silver Alternate and Bronze PPO High Deductible Health Plans (HDHP) offer comprehensive coverage with the lowest monthly payroll contributions and higher out-of-pocket costs when receiving services.

Although members who enroll in one of these HDHP plans will pay more out-of-pocket at the time of service, it is important to consider these plans are HSA compatible. This means you may set money aside on a tax-free basis in a **Health Savings Account (HSA)** to help offset your out-of-pocket expenses. Any unused money that you deposit into your HSA can be saved to pay for future medical expenses.

The brief summaries below highlight the in-network only covered benefits under the Blue Shield Full Network PPO Silver Alternate and Bronze plans.

Silver Alternate w/ H S A ⁽¹⁾

Deductible & Maximum OOP:	
Annual Deductible	\$1,500 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services	You Pay
Hospitalization	20%
Mental Health/Substance Abuse	20%
Outpatient surgery	20%
Emergency & Urgent Care	You Pay
Ambulance Services	20%
Emergency Care	20%
Urgent Care	\$10
Preventive Care	You Pay
Preventive Health Services	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	You Pay
Office Visits	\$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	\$10
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	You Pay
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Tier 4	30% (to \$200 max)
Chiropractic/Acupuncture	You Pay
(Chiro 24 visits) (Acu 12 visits)	20%

Bronze w/ H S A ⁽¹⁾

Deductible & Maximum OOP:	
Annual Deductible	\$3,000 ind / \$5,400 fam
Maximum Yearly OOP Costs	\$5,800 ind / \$11,600 fam
Hospital Services	You Pay
Hospitalization	20%
Mental Health/Substance Abuse	20%
Outpatient surgery	20%
Emergency & Urgent Care	You Pay
Ambulance Services	20%
Emergency Care	20%
Urgent Care	\$10
Preventive Care	You Pay
Preventive Health Services	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	You Pay
Office Visits	\$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	\$10
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	You Pay
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Tier 4	30% (to \$200 max)
Chiropractic/Acupuncture	You Pay
(Chiro 24 visits) (Acu 12 visits)	20%

⁽¹⁾ All services are subject to deductible except for Preventive Care.

Blue Shield PPO - Tandem Network HDHP

Just like Blue Shield’s Full Network High Deductible PPO plans, the Tandem Network High Deductible PPO plans offer you the flexibility to choose any doctor or specialist – in or out of the network. However, you will pay less money out of pocket at the time of service when you see a doctor in the network. The Tandem network relies on a specially selected network of providers committed to keeping your premiums as low as possible.

How is the HDHP PPO Plan Different?

Tandem’s Silver Alternate and Bronze HDHP PPO plans offer comprehensive coverage with the lowest monthly payroll contributions and higher out-of-pocket costs when receiving services.

Although members who enroll in one of these high deductible plans will pay more out-of-pocket at the time of service, it is important to know that these plans are HSA compatible. This means you may set money aside on a tax-free basis in a **Health Savings Account (HSA)** to help offset your out-of-pocket expenses. Any unused money that you deposit into your HSA can be saved to pay for future medical expenses.

The brief summaries below highlight the in-network covered benefits under the Tandem Network Silver Alternate and Bronze PPO plans. For complete coverage details including coverage for services received out-of-network, refer to the plan’s complete benefit summary.

Silver Alternate w/ H S A ⁽¹⁾

Deductible & Maximum OOP:	
Annual Deductible	\$1,500 ind / \$3,000 fam
Maximum Yearly OOP Costs	\$4,000 ind / \$8,000 fam
Hospital Services	You Pay
Hospitalization	20%
Mental Health/Substance Abuse	20%
Outpatient surgery	20%
Emergency & Urgent Care	You Pay
Ambulance Services	20%
Emergency Care	20%
Urgent Care	\$10
Preventive Care	You Pay
Preventive Health Services	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	You Pay
Office Visits	\$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	\$10
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	You Pay
Tier 1: Level A/Level B Pharmacies	\$0/\$10
Tier 2: Level A/Level B Pharmacies	\$15/\$25
Tier 3: Level A/Level B Pharmacies	\$50/\$50
Tier 4: Level A/Level B Pharmacies	30% (to \$200 max)
Chiropractic/Acupuncture	You Pay
(Chiro 24 visits) (Acu 12 visits)	20%

Bronze w/ H S A ⁽¹⁾

Deductible & Maximum OOP:	
Annual Deductible	\$3,000 ind / \$5,400 fam
Maximum Yearly OOP Costs	\$5,800 ind / \$11,600 fam
Hospital Services	You Pay
Hospitalization	20%
Mental Health/Substance Abuse	20%
Outpatient surgery	20%
Emergency & Urgent Care	You Pay
Ambulance Services	20%
Emergency Care	20%
Urgent Care	\$10
Preventive Care	You Pay
Preventive Health Services	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	You Pay
Office Visits	\$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	\$10
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	You Pay
Tier 1: Level A/Level B Pharmacies	\$0/\$10
Tier 2: Level A/Level B Pharmacies	\$15/\$25
Tier 3: Level A/Level B Pharmacies	\$50/\$50
Tier 4: Level A/Level B Pharmacies	30% (to \$200 max)
Chiropractic/Acupuncture	You Pay
(Chiro 24 visits) (Acu 12 visits)	20%

⁽¹⁾ All services are subject to the deductible except for preventive care.

Health Savings Account (HSA)

How an HSA works

1. **Enroll in the HDHP:** You must be covered by the HDHP and you must not be eligible for coverage under any other health plan.
2. **Enroll in the HSA:** Get your account set up.
3. **Contribute:** You, your spouse and family (if any family members are enrolled in the HDHP) may contribute up to the yearly limit set by the IRS.

Contribution Limits	2023	2024
Enrolled as self-only	\$3,850	\$4,150
Enrolled with family	\$7,750	\$8,300
"Catch-up" (age 55+)	\$1,000	\$1,000

4. **Know how much you have:** You may use the money in your HSA to pay for qualified medical expenses.
5. **Use your benefits:** Visit the doctor, hospital and other health care providers.
6. **Pay for services until you meet your deductible:** Pay for your health care expenses with your account. Or pay out of your own pocket and save your account. Either way, pay until you reach your yearly deductible.
7. **Pay a copay or coinsurance after each visit:** Use your HSA if you want or pay out of your own pocket. Again, either way, you will pay until you reach the plan's payment limit.
8. **Pay until you reach the plan's Payment Limit:** Then your health plan pays for 100% of covered services.

Save your HSA

Your contributions are tax-free. Add money to your HSA and when it's time to file taxes, claim your deposits as a deduction. Your HSA can also earn tax-free interest. Save the money in your HSA to pay for out of pocket medical expenses. There's no "use it or lose it" rule so you can roll over the money in your account from year to year.

Your HSA grows. Once your account reaches a minimum balance, you have an investment service available. As your HSA continues to grow you may use it for future and retiree health-related costs.

HSA Advantages

You own it. You decide whether to spend or save the funds in your health savings account. If you decide to change employers or health plans, the account is yours to keep.

You don't lose it. Any money not used at the end of the plan year rolls over to the next year.

It can grow. Your HSA is a savings account that earns interest. You can save the money in your account and let it grow, to pay health care costs down the road, even during retirement. And after you build up a certain amount, you may have investment options.

Tax advantages of an HSA

With an HSA, you also get:

- **Tax savings.** Money you put in to the account can reduce your taxable income. **For example,** a **\$2,500 annual HSA contribution** could lower your annual taxes significantly:

Federal tax rate	State tax rate	Payroll tax rate	Estimated annual savings
15%	0%	7.70%	\$568
25%	5%	7.70%	\$943
28%	8%	7.70%	\$1,093

For illustrative purposes only. Actual savings will vary.

- **Tax-free earnings.** Money you keep in your HSA earns interest tax-free.
- **Tax-free spending.** Money you take out to pay for qualified health care costs is never taxed.

Spend your HSA: Example

- You contributed \$1,000 to your HSA using pretax dollars through payroll deduction.
- You get a \$2,000 bill from your doctor.
- You then decide to deposit an additional \$1,000 in your HSA by electronic funds transfer, and you can claim this \$1,000 as a deduction when you file your taxes.
- Pay the \$2,000 bill from the HSA using your debit card.
- If needed, keep contributing to your HSA during the year, up to the IRS limit, to pay for qualified health care expenses and save on your taxes.

Prescription Drugs

Blue Shield Members

The Blue Shield medical plans include a prescription drug benefit for enrolled members with access to over 68,000 convenient retail pharmacies nationwide including grocery, discount, and drug stores. To find out if a pharmacy is in the Blue Shield network, go to www.blueshieldca.com/pharmacy.



Tandem PPO and Trio HMO Prescription Benefits

Blue Shield's Tandem PPO and Trio HMO plans provide members with an opportunity to obtain preferred-member cost share for your prescriptions at select participating retail pharmacies within the Blue Shield of California pharmacy network. You have the choice of filling your prescriptions at a Level A or Level B pharmacy.

Level A network pharmacies offer preferred cost sharing. You can fill prescriptions at any of the following pharmacies nationwide:

- CVS Pharmacy
- CVS Pharmacy in Target Stores
- Costco
- Safeway
- Vons

By filling your prescriptions at a Level A pharmacy, you can save on your out-of-pocket costs.

Level B network pharmacies include all other pharmacies within Blue Shield's pharmacy network, except those that are in Level A.

A higher cost share for your prescriptions applies at a Level B pharmacy. Please refer to your plan's Summary of Benefits in your Evidence of Coverage for more details about specific copayment or coinsurance amounts.

You have the same selection of covered drugs at both Level A and Level B pharmacies. You can continue to fill your prescriptions at a Level B pharmacy, or you can switch to a Level A pharmacy to take advantage of the preferred member cost share.

Visit blueshieldca.com/pharmacy for a list of Level A pharmacies near you. Click Pharmacy networks and select Tiered pharmacy network Level A pharmacy directory.



Why Choose Home Delivery?

If you take a medication every day to treat an ongoing health condition, you may want to consider setting up home delivery through CVS Caremark Mail Service Pharmacy. Here's why:

- **Convenience.** Don't waste time standing in line at the pharmacy. Medications are delivered to your mailbox – with free standard delivery
- **Savings:** You pay less for your medications with a 90-day supply for 2x retail cost.
- **Safe, private delivery.** CVS Caremark Mail Service Pharmacy packaging is designed to protect your privacy and stand up to bad weather.
- **Easy refills.** Fill up to a 90-day supply of your medication at one time, so you fill less often.
- **Track your orders.** You can refill your prescription and track your orders online or from your mobile phone.

Learn how to get your maintenance medication through CVS Caremark by visiting the mail service pharmacy page at www.blueshieldca.com/pharmacy or calling (866) 346-7200.

If you don't enroll in the CVS Caremark Mail Service Pharmacy automatic refill program, members can refill prescriptions online through your Blue Shield member account, by phone, or by using the CVS Caremark refill order form included in your last shipment. For more information, visit www.blueshieldca.com/pharmacy.

Prescription Drugs

Kaiser Members...

Your provider may order a prescription for you during your appointment. In most cases, it will be sent to our pharmacy electronically, and you may choose from several convenient ways to receive your prescriptions.

- **Mail order home delivery** (usually 3 to 5 days) on most prescriptions at no additional cost
- **Pharmacy pick up**
- **Same or next day delivery**

Mail order home delivery refills

Kaiser's mail-order pharmacy offers a convenient way to refill most of your prescriptions. Not all prescriptions can be mailed as restrictions apply.

Visit kp.org/refill or access the KP mobile app to order refills and check the status of your orders. If it's your first time placing a refill order online, please create an account by visiting kp.org/register.

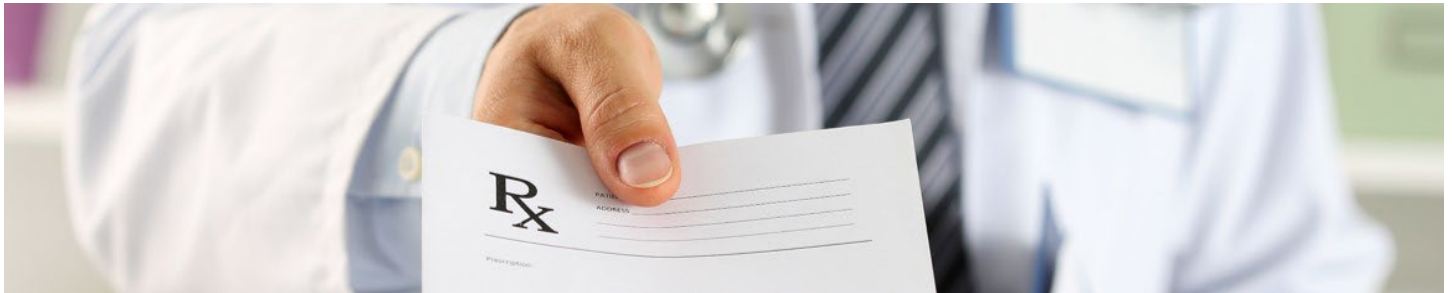
Same-day or next-day home delivery is available in most areas and for most prescriptions for an additional fee. Order using the Kaiser Permanente app, kp.org/homedelivery, or call 1-877-761-4091. Some exclusions apply.

Have questions?

Please call the pharmacy number printed at the top of your prescription label. For information about your benefits, call Member Services, 24 hours a day, 7 days a week (closed holidays) at 1-800-464-4000.

Out of refills?

If you don't have any prescription refills left when you place an order, we can request refills from your provider. If approved, please allow 2 business days for us to process your order.



Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check the health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a Formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into categories or tiers. These groupings range from least expensive to most expensive cost to you. "Preferred" drugs usually cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts.

The Formulary Drug Tiers Determine Your Cost

\$	Preferred Generic Drug
\$\$	Non-Preferred Generic Drug
\$\$\$	Preferred Brand Name Drug
\$\$\$\$	Non-Preferred Brand Name Drug
\$\$\$\$\$	Specialty Drug

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

Virtual Care

Blue Shield and Kaiser members have access to telehealth services as part of your medical plan. Get the care you need – including most prescriptions – for a wide range of minor conditions. You can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Blue Shield

As a Blue Shield member, you have access to Teladoc’s national network of board-certified physicians, licensed in California. Whenever you need care, Teladoc doctors are available 24/7 by phone or video.

Use Teladoc

- If you’re considering the ER or urgent care center for a non-emergency
- When on vacation, a business trip, or away from home
- For short-term prescription refills



Get the care you need

Teladoc doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Sinus problems
- And more

Meet the doctors

All Teladoc doctors:

- Are practicing primary care physicians, pediatricians, and family physicians
- Have an average of 20 years of experience
- Are board certified and licensed
- Are credentialed every three years

Talk to a doctor anytime for a small copay*

- HMO and PPO members: \$5 copay per consult.
- Trio HMO & Tandem PPO Plans: \$0 copay per consult.
- Set up your profile now at www.teladoc.com/bsc.

* High-deductible health plan (HDHP) members pay a \$45 consult fee until the deductible is met, then a \$5 copay.

Get started with Teladoc

1. Set up account at www.teladoc.com/bsc
2. Provide medical history
3. Request a consult

Call Teladoc at **1-800-Teladoc** (835-2362) for help.

Visit www.teladoc.com/mobile to download the app.

Kaiser

Kaiser members can get care from a doctor – wherever you are. Do you have a minor health condition? If it doesn’t require an in-person medical exam, you may be able to address it with a doctor by E-visit, phone, email or video visit.



E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



Phone appointment

Schedule an appointment to talk with a Kaiser Permanente clinician over the phone.



Email

Message your doctor’s office with non-urgent questions anytime through your kp.org account.



Video Visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit



Mail-order pharmacy

Get prescriptions sent straight to your door with Kaiser’s mail-order delivery service.

Some examples of conditions:

- Allergies
- Colds and coughs
- Some follow-up visits
- Upper respiratory infections



Ready to make an appointment?

Go online:

Sign in to kp.org or use the Kaiser Permanente app.

Call 24/7:

1-833-574-2273 (TTY 711)

Find a Network Provider

How to Find a Blue Shield Provider

Blue Shield members and guests can search for providers and facilities. Members can log in and search for results tailored specifically to their plan type or a different designated plan type. Results include name, address, phone number and distance.

1: Visit blueshieldca.com and click on **Find a doctor** 

2: Choose provider type

3: Log in or continue as a guest

4: Enter your search location

[Use Current Location](#) [Search Outside U.S.](#)

5: Click on *Select a plan*

6: Select the 2024 plan year from the drop-down menu

7: From the drop-down menu, select Plan type:

8: Select your *Subplan* from the drop-down menu. Be sure to select one of the plans below:

- Access+ HMO
- Trio ACO HMO
- PPO (this is the full network)
- Tandem PPO

9: Click on *Continue with this plan*

10: Search by *Doctor Type, Doctor Name or Medical Group*



How to Find a Kaiser Provider

We know how important it is to find a doctor who's right for you. To choose or change doctors at any time, for any reason, browse our online profiles by region at kp.org, or call Member Services in your area.

If there isn't a Kaiser Permanente location near you, visit kp.org/travel to find out how to get care away from home.

For a list of Kaiser providers and facilities by name, address, phone number and distance, follow the steps below:

1: Visit kp.org

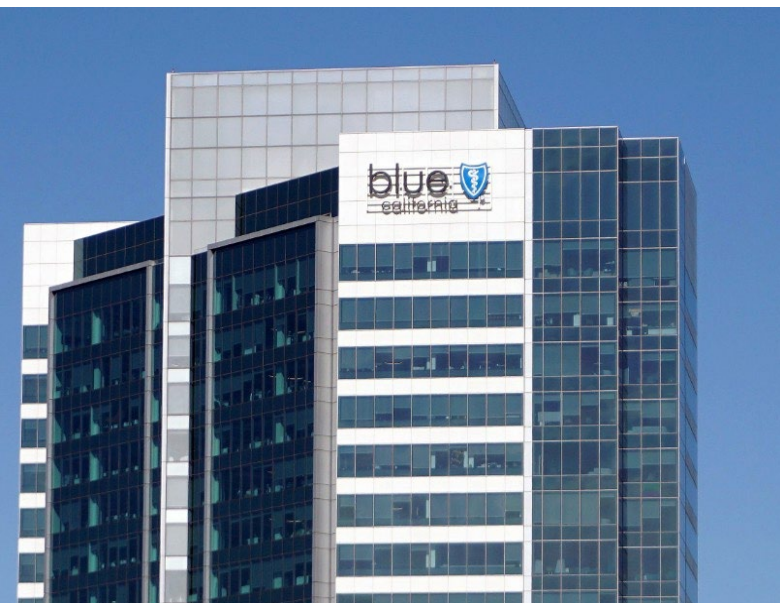
2: Click on "Doctors & Locations"

3: Choose a region "California Southern" for your search

4: Search for Doctors or Locations from the drop-down menu and enter the zip code and optional keywords

5: Narrow your search by adding additional filters

6: Click on Search and your results will be displayed



Online & Mobile Tools

Kaiser Members...

At **kp.org**, it's simple to connect to great health and great care. Check out all the time-saving tools and resources you get as a member.

Sign on to **kp.org** anytime to:¹

- View most lab test results
- Refill most prescriptions
- Email your doctor's office with nonurgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Check your plan's benefits, view claims, or estimate costs²
- Manage a family member's health care³

Register to get started – it's easy!

If you haven't already, register today to access all these convenient features. Just go to **kp.org/registernow** from a computer (not a mobile device) and follow the sign-on instructions.

- You'll need your medical/health record number, which you can find on your Kaiser Permanente ID card.
- See detailed instructions on the back of this page.



After you've registered, you can download the app to your mobile device to use these tools on the go. Just use your kp.org user ID and password activate the app, and you'll be all set.

Manage your health online anytime














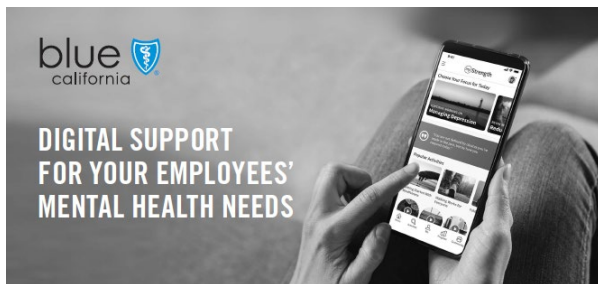
Online & Mobile Tools

Blue Shield Members...

Blue Shield members can manage your health care from anywhere with the Blue Shield of California App. View your ID card, search for doctors, track your claim information, understand your benefits, and more. The Blue Shield of California app provides members enhanced 24/7 service and ease-of-access to the information that matters most.

App Features

-  View your personalized dashboard
-  Search for doctors and facilities by doctor specialty, by location, or by name
-  Display your Blue Shield of California ID card
-  Track the current status of your plan usage, including your deductibles and copayments
-  Review claims, and track the progress of new claims from their outset to finalization
-  Review your health care team, including your doctor's credentials, locations and contact information
-  See your health insurance plan information, including important documents like your plan summary and Evidence of Coverage (EOC)
-  Review family members on your plan and see their personal information
-  View your benefits, including information on custom benefits, general exclusions, and benefit maximums
-  Learn about our benefit discount programs, like dental, vision, and pharmacy
-  Find urgent care



INTRODUCING MYSTRENGTH,

included with Trio HMO and Tandem PPO plans

myStrength gives 24/7 access to self-care tools at no extra cost as part of our Trio and Tandem plans. The digital platform can help your employees with behavioral health issues like:

- Depression
- Anxiety
- Stress
- Substance use disorders
- Chronic pain
- Sleep challenges



Take control of your health with Wellvolution – the digital platform that guides you in your health journey.

Included with Blue Shield plans at no additional cost.

Wellvolution can help you feel your best with:

- Best in-class well-being apps and health programs
- Guidance for treatment-related decisions
- Personalized coaching and support

Wellvolution

From your mobile device, just search for “Blue Shield of California” in the App Store or Google Play to download.



Dental Benefits

Know Your Options

The dental plan options available to you are worth smiling about. Depending on where you live, Santee School District offers you and your family a choice between two dental plans that provide comprehensive coverage and encourage good dental health. You can choose the plan that works best for you.

Santee School District offers the DeltaCare USA Dental Health Maintenance Organization or DHMO plan and the Delta Dental PPO plan. To determine which plan offers the best deal for you, consider your per paycheck contributions for coverage, deductibles, annual maximum benefits, coinsurance, copayments and covered expenses.

DeltaCare® USA

DeltaCare DHMO

When you enroll in the DHMO, you must select a Primary Care Dentist (PCD) or Primary Dental Group (PDG) from a defined list of contracted providers. You must access care through your PCD or PDG and seek referrals to specialists from that dentist.

This plan provides basic coverage, at a lower premium cost and offers set copays for covered dental treatments and services, with no cost for your routine preventive care and has no deductible or annual limits on benefits. However, it is important to note that treatment by an out-of-network dentist is not covered.

DELTA DENTAL®

Delta Dental PPO

The PPO dental plan offers a much larger network of contracted providers. You can visit any licensed dentist under this plan, but you will pay less out-of-pocket when you see an in-network Delta Dental PPO dentist.

In this incentive plan, Delta Dental pays 80% of the PPO contract allowance for covered diagnostic, preventive and basic services and 80% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 80%.

When visiting out-of-network providers, patients are responsible for any billed amount that exceeds Delta's reimbursement level. Out-of-network claims are reimbursed based on Delta's PPO reduced fee schedule (RFS).

While PPO plans provide more flexibility and coverage at any dentist, they also include deductibles and annual limits on the benefits paid out. It is always recommended to receive a Pre-Determination of Benefits when services are expected to exceed \$200, this way there are no unexpected charges at the time of service.



Dental Benefits

Side-by-Side Comparison

The chart below compares the limitations and member cost share for some of the more common services under each of the dental plans. This is a brief summary only and does not fully describe the coverage, exclusions and limitations. For greater detail, please refer to the dental plan's Evidence of Coverage (EOC).

	Employees & Dependents	Employees Only		Dependents Only:*	
	DeltaCare DHMO (PCD/PDG)	Delta Dental PPO PPO	Delta Dental PPO Non-PPO ⁽¹⁾	Delta Dental Voluntary PPO PPO	Delta Dental Voluntary PPO Non-PPO ⁽¹⁾
Provider Access Level					
Deductible (per calendar year)					
Individual	None	\$50	\$50	\$25	\$50
Family Maximum		\$150	\$150	\$75	\$150
Waived for Preventive Care		Yes	No	Yes	No
Benefit Maximum (per calendar year)					
Per Individual	None	\$1,500		\$1,500	\$1,000
Diagnostic & Preventive (D&P)⁽²⁾					
Periodic Exams, Cleanings, X-Rays	No charge	80-100%	80-100%	100%	70%
Basic⁽²⁾					
Fillings, Surgical Extraction, Root Canals	Refer to schedule of copays	80-100%	80-100%	90%	70%
Major⁽²⁾					
Crowns, Inlays, Onlays, Dentures	Refer to schedule of copays	80-100%	80-100%	80%	70%
Prosthodontics⁽²⁾					
Bridges, dentures and implants	Refer to schedule of copays	60%	50%	60%	50%
Orthodontia					
Adult	\$1,800 copay	Not covered		Not covered	
Child (up to 26th birthday)	\$1,600 copay	Not covered		50%	
Lifetime Orthodontic Maximum	N/A	N/A		\$1,000	

(1) Out-of-network reimbursement is based on Delta Dental's PPO reduced fee schedule (RFS).

(2) Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

*Refer to employee contribution sheets for additional premium for voluntary dependent coverage under Delta Dental PPO

Finding a Network Dentist

Members and guests can review provider listings for the DeltaCare DHMO and Delta Dental PPO plans on the Delta Dental website:

1. Visit www.deltadentalins.com

2. Click on  Find a dentist

3. Enter your Search Location

4. Select one of the following networks:

Network* Network*

5. Click on 



DeltaCare® USA



Vision Benefits



VSP Vision Plan

The District provides vision benefits through VSP® for benefit-eligible employees only. Vision coverage is not available for dependents.

This is a PPO vision plan with a “Non-Referral” based benefit allowing members the most flexibility when choosing their provider. Members receive enhanced benefits with VSP doctors — full-service locations that provide thorough eye exams and a wide selection of quality eyewear. A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Find an Eye Care Provider

- Find an eye care provider by visiting vsp.com or calling 800.877.7195.
- At your appointment, tell the provider you have VSP. There's no ID card necessary. If you'd like a card as reference, you can print one out at vsp.com.

Create an Account

Create your account on vsp.com:

- View your benefit coverage
- Find the VSP network doctor who's right for you and;
- Discover savings with exclusive member extras.



Classified, Confidential, Management Employees

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$15 (exam & glasses)	Every 12 months
Prescription Glasses			
Frame	• \$130 allowance on a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on amounts over your allowance	Combined with exam	Every 24 months
Lenses	• Single vision, lined bifocal and lined trifocal lenses	Combined with exam	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	\$0 \$80-\$90 \$120-\$160	Every 12 months
Contacts (Instead of Glasses)	• \$130 allowance for contacts and contact lens exam (fitting & evaluation) • 15% savings on a contact lens exam (fitting & evaluation)	\$0	Every 12 months
Extra Savings	Glasses and Sunglasses • Extra \$20 to spend on featured frame brands • 30% savings on additional glasses and sunglasses		
	Routine Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP		
Your Coverage with Out-of-Network Providers Call Member Services for out-of-network plan details.			

Certificated Employees

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$5 (exam & glasses)	Every 12 months
Prescription Glasses			
Frame	• \$130 allowance on a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on amounts over your allowance	Combined with exam	Every 12 months
Lenses	• Single vision, lined bifocal and lined trifocal lenses	Combined with exam	Every 12 months
Lens Enhancements	• Standard progressive lenses • Tints/light-reactive lenses • Premium progressive lenses • Custom progressive lenses	\$0 \$0 \$80-\$90 \$120-\$160	Every 12 months
Contacts (Instead of Glasses)	• \$130 allowance for contacts and contact lens exam (fitting & evaluation) • 15% savings on a contact lens exam (fitting & evaluation)	\$0	Every 12 months
Extra Savings	Glasses and Sunglasses • Extra \$20 to spend on featured frame brands • 30% savings on additional glasses and sunglasses		
	Routine Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP		
Your Coverage with Out-of-Network Providers Call Member Services for out-of-network plan details.			

Life and Accidental Death & Dismemberment (AD&D)

Basic Life/AD&D

The district provides Basic Term Life and Accidental Death & Dismemberment (AD&D) for all benefit eligible employees through the Hartford. This coverage is part of your district provided benefit package and is designed to safeguard the important people in your life after you're gone. AD&D provides even more coverage if you die or suffer a covered loss in an accident. You must designate your beneficiary online at <http://santeebenefits.hrntouch.com>.

At-a-Glance

- Benefit of \$50,000 to your beneficiaries in the event of your death, plus a matching cash benefit if you die in an accident
- Benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Coverage amounts reduce at age 65 by 65%, age 70 by 50% and benefits terminate at retirement.

Voluntary Life/AD&D

You may elect to purchase additional coverage for you and your eligible dependents through Hartford's Voluntary Life and AD&D plan. You may choose one of the following options for yourself and up to 50% of that amount for your spouse:

Yourself:

- Minimum of \$10,000, up to 5 times your annual salary, not to exceed \$300,000.

Your Spouse:

- Minimum of \$5,000 to a maximum of \$100,000, not to exceed 50% of the employee's benefit.

Your Child(ren):

- Minimum of \$2,500 to a maximum of \$10,000, not to exceed 50% of the employee's benefit.



Applying for Voluntary Life/AD&D

Newly Eligible Employees

If you become eligible during 2024, you will not have to complete the Evidence of Insurability form for voluntary life insurance if the coverage you elect is less than or equal to the guaranteed issue amount of \$150,000.

You must submit an Evidence of Insurability form for any amount of coverage that exceeds the guarantee issue amount of \$150,000. You will not have voluntary coverage while you are waiting for your application to be approved. Once your coverage is approved, you will pay the appropriate premium.

Continuing Employees

An application is required for any increase in the amount of coverage. If your coverage remains the same, you will not have to apply – even if your salary increases. For example, if you were covered for three times your salary in 2023, you may automatically elect three times your salary for 2024. If you elect four times your salary for 2024, you must submit an application for the increase in coverage.

Spouse/Domestic Partner Coverage

You must submit an application for any amount of life insurance that you are electing for your spouse/domestic partner. Your spouse or domestic partner must agree to be covered; therefore, his or her signature is required on the application. Failure to provide spouse/domestic partner signature could result in benefits not being paid in the event of his or her death.

Application Deadlines

To apply for new or increased coverage, you must submit your application as follows:

- **During Open Enrollment** – Return the completed application to Human Resources before the last day of Open Enrollment
- **During the Benefit Year** – If you are newly eligible or have a status change, you must return the completed application within 31 days of the date you have a change in family status or within 31 days of completing your eligibility period.

If you do not enroll by these deadlines, your coverage will not be approved and you will be required to wait until the next open enrollment period to reapply.

For applications, enrollment forms, rates and additional coverage information, please contact the Benefits Department by email at Lindsay.meyer@santeesd.net or call 619.258.2313.

Advocacy & Employee Assistance

Employees who are enrolled in one of the Blue Shield or Kaiser medical plans have access to advocacy and EAP services through **Health Advocate**. Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health. Services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Healthcare Advocates

- Explain health conditions and diagnoses
- Research and explain treatment options
- Find the right in-network doctors
- Arrange second opinions
- Resolve claims and billing issues

Support for Personal Problems

- Relationships, grief/loss, family/parenting
- Financial and legal issues
- Anxiety, depression, substance abuse
- Balancing work and family
- Locate childcare and eldercare

Mental Health Support

- Find support groups and community resources
- Online digital cognitive behavioral therapy (dCBT) program
- Modules on topics such as, anxiety, anger management, low self-esteem and more...

Personal Concierge

- Locate services such as auto repair/maintenance, pet care, cleaning services and contractors
- Get help with negotiating non-covered medical or dental bills over \$400



Call: 866.799.2728

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/cseba

- **Under Organization enter:** California Schools Employee Benefits Association

HealthAdvocateSM

Here's what to expect when you reach out:

When You Need Work/Life Resources

- An EAP Work/Life specialist will gather information about your need for childcare, after-school care, eldercare, special needs, legal or financial resources and more
- Find local resources and check for availability
- Connect you to a legal or financial specialist, if needed

When You Need Counseling Support

- EAP Professional will begin a brief intake process
- Assess for safety concerns
- Gather information about your reason for requesting counseling
- Determine what type of counseling may work best for you (individual, family or couples)
- Connect you to the right professional



Life can be tough.
Getting Help
is Easy!

Employee Assistance

Your Employee Assistance Program (EAP) through **EASE** is here to help you with emotional, family and other personal problems; offer guidance on financial and legal issues; support healthy choices; and much more. This benefit is available to **all** Santee School District employees and anyone in your household at no charge for covered services.

Emotional Health & Family Support

No-cost counseling: Access **up to 6** in-person or virtual sessions per issue, per year with Evernorth's network of EAP professional counselors. Call for a referral or go online to search our provider directory. Virtual care options include secure text messaging to fit your schedule.

Home Life Referrals

Adoption: Learn about your options and find agencies who can help.

Convenience Services: Find referrals to help conquer your to-do list, including home maintenance, relocation services, dining and more.

Education Guidance: If you're facing college choices or need academic counseling, we connect you with resources so you can make the right choice for your family's education.

Child Care: Find a location or program that meets your needs. Evernorth can also help you find a childcare professional that's right for your family.

Parenting: From toilet training to sibling rivalry, we help connect you with guidance and resources for parents.

Pet Care: Find vets and dog walkers to help care for your pets.

Prenatal Care: Guidance for every stage of pregnancy.

Senior Care: Solutions to help you care for aging loved ones.

Financial and Legal Assistance

Financial Services: Receive free 30-minute financial consultations per concern by phone and enjoy 25% off tax preparation software.

Identity Theft: Free 60-minute expert consultations by phone to help prevent or recover from identity theft.

Legal Consulting: Connect with a network attorney for a free 30-minute consultation and get 25% off select fees.

Enhanced Financial and Legal Services: A free 60-minute consultation per topic with a financial advisor (two 30-minute phone sessions) or a network attorney, 25% off select legal fees and 25% off tax preparation software.

Get Started Today!

Call Toll Free: 1-888-736-7009

Employer ID: **EASE**

TTY Users can call: 711

Visit: well.evernorth.com

Registration Code: **EASE**



Available 24/7/365



Wellness

Say hello to Go365.

Your Personalized Wellness and Rewards Program

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.

Unlock Activities

Go365 is all about you. Receive activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your activities and earn points for higher status.

Stay Inspired

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn points for all your healthy activities.

Earn Rewards

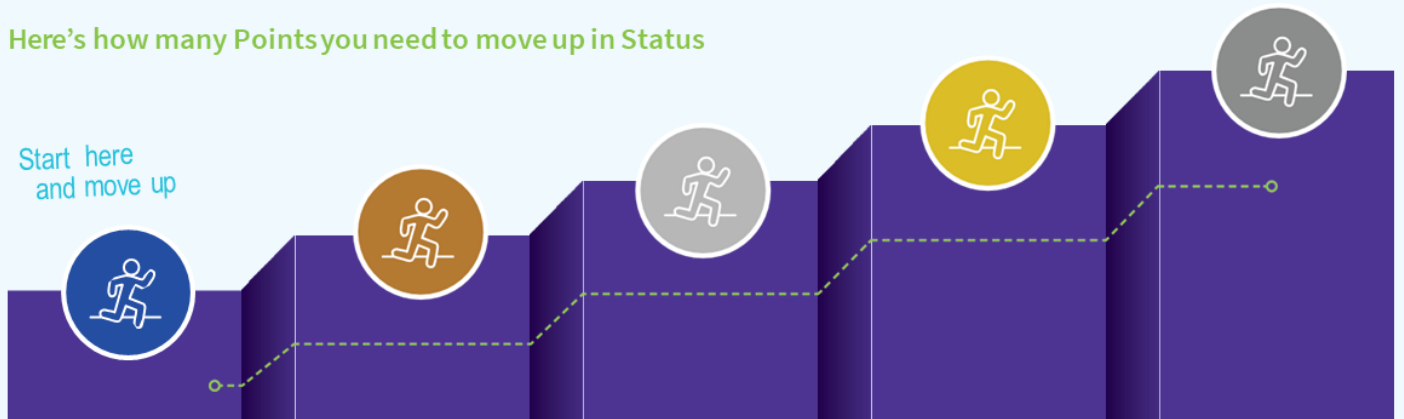
Making healthier choices is a lot more fun with Go365. The more you move up in status, the more bucks you can earn and spend on great items in the Go365 Mall. Plus, bonus bucks, surprise rewards, and monthly jackpot drawings make getting healthy more fun!

More Points - Higher Status

Earning points pays off big with higher status levels. Get your spouse and kids involved too and see how fast you can move up in status.

Here's how many Points you need to move up in Status

Start here and move up



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000

One adult per policy

8,000

combined two adults per policy

+3,000

for each member 18 years and older per policy

8,000

One adult per policy

12,000

combined two adults per policy

+4,000

for each member 18 years and older per policy

10,000

One adult per policy

15,000

combined two adults per policy

+5,000

for each member 18 years and older per policy



Adult children can only move a family out of Blue Status by completing a verified workout.



Stay connected with Go365

Participate When, Where, and How You Want

Whether you go online or are on the go, Go365 goes right along with you. Engage and track your wellness journey through a best-in-class digital experience that was designed just for you.

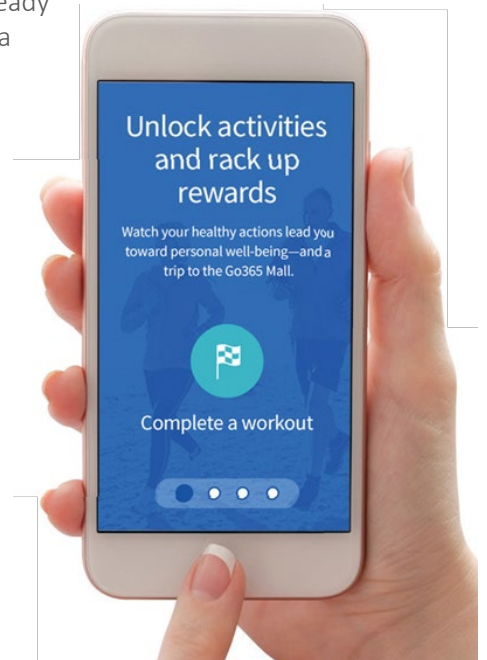
Go365 puts you in the driver's seat. There are lots of ways to get started and start earning Points. Sign-in online or with the App to unlock Recommended Activities that are personalized just for you.

Then track your Points and watch your Bucks build up. Go365 connects to dozens of the most popular activity tracking apps, more than 75 fitness devices and over 40,000 participating fitness facilities, so you can earn rewards for healthy Activities you're already doing. Plus, the App makes it even easier to track your Activities – just snap and send a picture.

*Make the connection
so you don't miss
out on rewards!*

Get it Done - Online or On the Go

- View personalized dashboard
- Take your Health Assessment
- Connect your compatible fitness devices or tracking apps
- Unlock Activities
- Track Points
- Submit a picture
- Contact a Health Coach
- Reach out to the Go365 Community
- Join a Challenge4



Supplemental Benefits

Accident

Accidents happen both on and off the job and can bring unexpected costs. A Limited Benefit Accident Only Insurance policy may lessen the impact on your finances by paying benefits to help cover your expenses, regardless of any other coverage you have. This plan features payments that are made directly to you, guaranteed renewable base plan, optional riders available to maximize your benefits and coverage options for individual, individual and spouse, individual and children, or family.

Cancer

If you're diagnosed with cancer, you may find that your medical insurance doesn't cover everything. In addition to your day-to-day bills, you could incur costs for treatment and recovery, such as:

- Deductibles and copays
- Out-of-network treatment
- Travel, lodging and meals during treatment
- Child care
- Home health services

Cancer insurance helps you focus on the treatment and care you need by paying benefits directly to you to help with your daily out-of-pocket expenses and protect you from financial hardship.



For rates and more information, please contact: American Fidelity, Account Representative at 1-800-365-9180 or visit: www.afadvantage.com/for-individuals/insurance-plans.aspx

Critical Illness

American Fidelity's Limited Benefit Critical Illness Insurance is a supplemental insurance policy that will pay a lump sum if you experience an eligible critical illness, such as heart attack, permanent damage due to a stroke, major organ failure, and/or major burns. Critical Illness Insurance benefits can be used to help pay for your daily living expenses. This plan offers three lump sum benefit amounts to choose from, includes annual health screening test benefit, and benefits that are paid directly to you.

Disability

Help maintain your family's lifestyle with income protection in the event of a disabling injury or illness. If you are unable to work due to a covered injury or illness, your monthly benefit payments will allow you to pay your living expenses and make purchases as you need. This plan features several different benefit options, benefit payments deposited directly into your bank account and payable year-round.

Life

American Fidelity has several types of individual life insurance plans to choose from, including permanent, term, and children's policies.

- **Term Life:** You may choose from a 10-, 20- or 30-year term policy. Rates are based on your age at the time you enroll in the policy and are guaranteed not to increase during the initial term period.
- **Permanent Life:** Permanent whole life insurance provides a guaranteed level death benefit for your beneficiary, up to age 100 as well as the ability to accumulate cash values generally on a tax-deferred basis.
- **Children's Life:** Permanent, whole life insurance that covers the lives of each of your children and grandchildren with your choice of a \$15,000 or \$30,000 plan. A competitive, level rate applies through age 25, at which time there is a one-time rate increase. After that, the premium remains level for the lifetime of the insured and policy begins cash accumulation.

Supplemental Benefits

Unum Long Term Care (LTC)

The need to plan for Long Term Care (LTC) is an increasingly important issue facing individuals today. Most people do not think about long term care until it affects someone close to them. If you've cared for an aging parent or relative, you probably realize the implications of providing and needing this type of care.

Santee School Districts provides you the opportunity to apply for a LTC plan through Unum.

Who Can Apply?

- **Benefit-eligible employees**
- **Family Members** — Spouses/Registered Domestic Partners, parents (in-law) and grandparents (in-law) ages 18 to 80 must satisfy the application for LTC.

Choosing Your Plan

When considering the plan that is best for you, ask yourself these questions:

- Where do I want to receive care?
- How much money do I need for care?
- How long do I want the care to last?

Options for You and Your Eligible Family Members:

- 2-year, 4-year, or unlimited benefit duration
- Facility benefit amount in increments of \$1,000 to a \$6,000 monthly maximum
- \$24,000, \$48,000 (based on the first benefit level of \$1,000 monthly benefit) or unlimited lifetime maximum
- Inflation protection options

Other LTC Facts

The LTC is portable which means you can keep the coverage in place even if you leave employment with Santee School District. The plan is also guaranteed renewable which means that once you have been accepted, the policy cannot be canceled or terminated because of age.

For more information or to enroll, contact the Benefits Department or call **Unum** at 800.421.0344. Reference the **San Diego County Schools Fringe Benefits Consortium**.

The Standard* – Disability & Life

Voluntary Disability

Certificated employees may purchase Voluntary Disability through The Standard by calling 800.522.0406 or visiting www.standard.com. Disability payments are based on basic earnings and do not include bonuses, overtime pay, or other compensation.

Voluntary Life

If you are a Certificated employee, you may purchase additional life insurance coverage for you and your eligible dependents through The Standard by calling 800.522.0406 or visiting www.standard.com.

***Offered to Certificated, benefit-eligible employees only.**

MetLife - Pre-Paid Legal Services

Santee School District offers a voluntary prepaid legal plan through Metlife. If you enroll, you will have a resource for important, everyday legal services for a wide range of matters including:

- Documentation Review and Preparation
- Real Estate Matters
- Wills and Living Trusts
- Identity Theft Defense



To view a complete list of covered services and to locate attorneys in your area, go to:

www.metlife.com/insurance/legal-plans/

You may also call Client Services at 800.821.6400 Mon.-Fri., 8am -7pm EST/EDT.



Supplemental Benefits

Pet Insurance

You have you and your family's health covered, but what about your furry family members? Pet insurance provides a financial safety net for unexpected veterinary expenses. Nationwide may provide coverage for chronic and recurring conditions (that are not pre-existing) at no out-of-pocket cost. Call 888.899.4875 or go to petinsurance.com for more details.



Nationwide[®]

Fetching savings has never been easier!

Financial Wellness

Financial wellness is making informed, smart financial decisions and feeling confident about it. It's taking small steps now to feel more secure about the future.

BrightDime Financial Wellness is a digital financial wellness solution designed to create real results and enhance financial well-being for all employees. This program includes:

Revolutionary Personalized Platform:

- Improve spending habits, set budgets and tackle debt reduction.
- Keep track of 401k, HSA/FSA, bank account, mortgage and more.
- Set goals, track progress and move towards financial security

Financial Coaching:

- Personalized, on demand coaching
- Guidance on important financial decisions

Targeted Education:

- Tailored education with relevant content
- Understand what's important and what isn't

GradAdvisor is a digital investment platform that makes it easy to find, select, open, and track the best tax-advantaged 529 plan for your family's specific needs.

- **Save Money for College:** Personalized college savings advice helps maximize your college savings.
- **Online Account Opening:** Easy Enrollment forms allow you to be done in no time.
- **Monitoring and Tracking:** Employee dashboard monitors your account(s) and helps make adjustments along the way.
- **Human Support:** Questions? Chat, call or email your personal college savings expert.



GRADVISOR

For more information:

- Call: (866) 461-4770
- Visit: www.gradadvisor.com
- Email: support@gradadvisor.com



Website: www.brightdime.com

Email: contact@brightdime.com



Flexible Spending Accounts (FSA)

Understanding Your Section 125 Flexible Spending Account Options

Under Section 125 of the IRS code, you are allowed to deduct needed benefits from gross earnings before taxes are computed. The advantage of this Plan is simple: The eligible premiums you pay are deducted on a pre-tax basis. In addition, Section 125 also allows you to set aside additional income in **Flexible Spending Accounts** to reimburse additional out-of-pocket health and dependent care expenses that you, your spouse, your eligible child(ren) incur during the course of the year.

When you participate in the FSAs, you can direct a part of your pay, on a pre-tax basis, into a special account that can be used to reimburse yourself tax-free as you incur expenses. You decide whether to participate in one or both of the accounts each year. As you incur eligible expenses throughout the year, you reimburse yourself for those expenses out of the appropriate account with your tax-free dollars.

This plan offers two (2) ways to help you pay for certain, necessary expenses with tax-free dollars:

1. **Health Care Flexible Spending Account (HCFSA)** also called Medical Expense Reimbursement
2. **Dependent Care Account (DCA)**

You may enroll in just one or both plans – it's your choice.

Health Care Flexible Spending Account

- Set aside up to \$3,050 pre-tax in 2024 to reimburse eligible medical expenses including copays, deductibles, prescriptions, and many other health care expenses that may not be covered by insurance.
- Participants have a 2.5 month **grace period** following the end of the plan year to incur claims and receive reimbursements. For example, the plan year ends on December 31, but employees will have an additional 2.5 months after the plan year ends to incur and submit claims for reimbursement.
- Keep in mind the “**Use-it-or-lose-it**” rule. Any unused balance after the end of the 2.5 month grace period will be lost, so please carefully estimate.

To enroll, complete an election form during your initial enrollment or annual open enrollment period. While you can make changes to your election each year during open enrollment, the only time regulations will allow you to make a change mid-year is if you experience a qualifying life event.

How to Check Your Balance or Claim Status:

Participants have several options to inquire on the status of your reimbursement account.

1. By Automated Telephone: FlexConnection 24 hours a day at 1-800-325-0654, option 1.
2. By Internet: www.afadvantage.com Register online for an Account Activation Code (AAC). Your AAC will be mailed to you at your confirmed mailing address in 7 to 10 business days.
3. Call Customer Service: At 1-800-325-0654 from 8:00am to 4:45pm (CST), Monday through Friday.

Direct Deposit: FSA participants can have your account set up for direct deposit. You can either have your reimbursement directly deposited into your checking account or receive a check in the mail – the choice is up to you.

FSA Debit Card: If you enroll in the Health Care Reimbursement Account, you can choose to use an FSA Debit Card. The card gives you immediate access to your funds at the point of sale, making it easier to pay for prescriptions, copays and other common medical expenses without having to file a claim.

Dependent Care Account

- Set aside up to \$5,000 pre-tax each year to reimburse eligible daycare services (\$2,500 if married and filing separate tax returns).
- The IRS tax code defines a qualified dependent as a child who has not reached the age of 13, a relative or spouse who is physically or mentally incapable of self-care and has the same principal residence as the taxpayer for more than half of the year.



Work Benefits



Santee School District is pleased to announce our new partnership with TicketsatWork. Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows and more.

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For customer service:

Call: 1-800-331-6483

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- 4 Or, you can place your order by phone. Call customer service at 800-331-6483. Orders are taken from 8:30am-12am/7 days a week (holidays included). Eastern Standard Time.

Retirement

Deferred Compensation Program

The Fringe Benefits Consortium (FBC) Deferred Compensation Program (DCP) is designed exclusively to help educators build and grow their savings to achieve their retirement dreams through a variety of options available in the Plan.

Read these highlights to learn more about your Plan. If there are any discrepancies between this document and the Plan Document, the Plan Document will govern.

What Is a 403(b), Roth 403(b), or 457(b) Plan?

403(b) or 457(b) refer to a section in the IRS Code that allows you to save part of your income on a PRE-TAX basis. This lowers your current taxable income and can help your long-term savings grow faster. Your 403(b) and 457(b) savings will not be taxed until withdrawn.

The Roth 403(b) plan enables you to save part of your income on an AFTER-TAX basis. Your Roth 403(b) savings may be withdrawn tax-free with a qualified distribution.

Why Should I Invest In the 403(b), Roth 403(b), and 457(b) Plans?

You may save as much as \$41,000 on a tax-deferred basis per year:

- Up to 100% of your income
- Up to \$20,500 in 2024 in the 403(b) and Roth 403(b) Plans (combined)
- Up to \$20,500 in 2024 in the 457(b) Plan
- 100% Vested

You may save even more if you are eligible under the special catch-up provisions, which could allow you to save up to \$71,000:

403(b) and Roth 403(b) Plans

- Up to an additional \$6,500 if you are over age 50, AND
- Up to an additional \$3,000 if you have over 15 years of service with your current employer (You may be eligible to defer up to a combined maximum of \$30,000 into the 403(b) and Roth 403(b) Plans during 2024 using the special catch-up provisions.)

457(b) Plan

- Up to an additional \$6,500 if you are over age 50, OR
- Up to an additional \$20,500 if you are in your final three years prior to normal retirement age (You may be eligible to defer up to a maximum of \$41,000 into the 457(b) Plan during 2024 using the special catch-up provisions.)

How Do I Join the Plan?

You can join the Plan by enrolling at [MyFBCretirement.com](https://www.myfbc retirement.com) or by completing the enrollment materials for the Plan, which are available online or through the FBC office. To begin the enrollment process, follow the instructions on the “Enroll now” page.

How Do I Contribute to the Plan?

You may defer a portion of your salary on a monthly basis by completing the “FBC Salary Reduction Agreement” included in the enrollment packet, or by completing the enrollment steps at [MyFBCretirement.com](https://www.myfbc retirement.com).

- If you have an existing qualified retirement plan (pre-tax), 403(b) tax-deferred arrangement or governmental 457 plan with a prior employer, or hold a Tax-Deferred IRA account, you may transfer or roll over that account into the Plan anytime. Contact the Plan’s customer service center at **(844) SDCS-RET (844-732-7738)** for assistance or email fbcmeeetinginfo@empower-retirement.com to be put in touch with a local Retirement Plan Advisor. Consider all your options and their features and fees before moving money between accounts.

How Are Plan Contributions Invested?

You give investment directions for your Plan account, selecting from investment choices provided under the Plan, as determined by the FBC Deferred Compensation Program.

- You may change your investment choices daily. There is no fee for changing your investment choices, unless you elect to participate in the Self-Directed Brokerage Account (SDBA).
- You may change your contribution amount at any time by completing a new salary reduction agreement.
- More information about your Plan’s investment choices can be found elsewhere in these materials or online at [MyFBCretirement.com](https://www.myfbc retirement.com).

The Plan is intended to comply with ERISA Section 404(c) even though it is not subject to Title I of ERISA. This simply means that you “exercise control” over some or all of the investments in your Plan account. The fiduciaries of the Plan may be relieved of liability, or responsibility, for any losses that you may experience as a direct result of your investment decisions.

As a plan participant, you may request certain information from Empower Retirement. This information includes annual operating expenses of the Plan investments; copies of prospectuses, financial statements, reports or other materials relating to Plan investments provided to the Plan; a list of assets contained in each Plan investment portfolio; the value of those assets and fund units or shares; and the past and current performance of each Plan investment.

Retirement

When Can Money Be Withdrawn From My Plan Account?

Money may be withdrawn from your Plan account in these events:

403 (b)* and Roth 403 (b)**	457(b) *
Termination of Employment	Termination of Employment
Your attaining age 59 1/2	Your attaining age 59 1/2
Hardship	Unforeseeable Emergency
Death	Death
Disability	Disability
Age 72 Required Minimum Distribution***	Age 72 Required Minimum Distribution***

Be sure to talk with your tax advisor before withdrawing any money from your Plan account.

*A 10% early distribution penalty applies to 403(b) distributions for participants under the age of 59½. Withdrawals may be subject to ordinary income tax. If you are separated from service and over 55, the 10% penalty may not apply. The 10% federal early withdrawal penalty does not apply to 457 plan withdrawals except for withdrawals attributable to rollovers from another type of plan or account. Please consult a Tax Advisor.

**Generally, any earnings in the Roth 403(b) Plan are not taxable upon normal withdrawal. However, earnings may be taxable upon withdrawal if you have not had the Roth 403(b) account for at least 5 years and you are not withdrawing for death, disability, or age 59½.

***Participants who reached age 70½ on or before 12/31/2019 and are separated from service must take Required Minimum Distributions beginning at age 70½.

May I Withdraw Money In Case of Financial Hardship or an Unforeseeable Emergency?

If you have an immediate financial need created by severe hardship and you lack other reasonably available resources to meet that need, you may be eligible to receive a hardship withdrawal from your account. You may also be eligible to withdraw funds if you have met an unforeseeable emergency as defined in the Plan Document. If you feel you are facing a financial hardship or an unforeseeable emergency, you should see your Benefits Administrator for more details.

May I Borrow Money From My Account?

The Plan is intended to help you put aside money for your retirement. However, the FBC Deferred Compensation Program has included a Plan feature that lets you borrow money from the Plan.

- The amount the Plan may loan to you is limited by rules under the tax law. All loans will be limited to the lesser of: One-half of your vested account balance or \$50,000
- The minimum loan amount is \$1,000
- General loans must be repaid within five years; residential loans may exceed five years
- You pay loan interest back into your account. The interest rate on your loan will be the Prime Rate plus 2%
- A \$50 processing fee for new loans and a \$25 per year maintenance fee are charged to your account
- Loans are permitted from all plan types [403(b), 457(b), etc.]¹



Comparing the Plans

	403(b) and Roth 403(b)	457(b)
Contribution Limits	\$20,500	\$20,500
Additional Catch-up	15 Years of Service Rule	Final 3 Year Rule
Age 50 Catch-up	\$6,500	\$6,500
Section 415 Limit	100% to \$61,000	N/A
Compensation	Calendar Year + Deferrals [for 125, 457(b) & 403(b)]; if terminated, then last 12 months of service is used for 5 years following year of termination	Calendar Year + Deferrals [for 125, 457(b) & 403(b)]
Loans	50% of total account balance up to \$50,000. Paid back over 5 years or less. Defaulted loans are taxable. If a participant defaults or has previously defaulted on a Plan loan, no further loans will be permitted from the Plan	
Distributions	Only for death, disability, retirement, termination of employment, hardship, Age 59½, and Age 72 minimum distributions	Only for death, disability, termination of employment, unforeseeable emergency, Age 59½, and Age 72 minimum distributions
Early Distribution Penalty	10%	None

To learn more visit: MyFBCretirement.com or call (844) SDCS-RET (844-732-7738).

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Access+ Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 959.63	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,028.34	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 959.63	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,082.21	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 959.63	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,136.06	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,919.48	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,988.19	\$ 1,200.00	\$ 788.19	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,919.48	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,042.06	\$ 1,200.00	\$ 842.06	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,919.48	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,095.91	\$ 1,200.00	\$ 895.91	
	Employee + Family Medical, Employee Only Dental	\$2,495.36	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,564.07	\$ 1,200.00	\$ 1,364.07	
	Employee + Family Medical, + 1 Dental Dependent	\$2,495.36	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,617.94	\$ 1,200.00	\$ 1,417.94	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,495.36	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,671.79	\$ 1,200.00	\$ 1,471.79	
	Gold HMO								
	Employee Only Medical and Dental	\$ 903.80	\$ 53.83	\$ 9.18	\$ 5.70	\$ 972.51	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 903.80	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,026.38	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 903.80	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,080.23	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,807.82	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,876.53	\$ 1,200.00	\$ 676.53	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,807.82	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,930.40	\$ 1,200.00	\$ 730.40	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,807.82	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,984.25	\$ 1,200.00	\$ 784.25	
	Employee + Family Medical, Employee Only Dental	\$2,350.20	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,418.91	\$ 1,200.00	\$ 1,218.91	
	Employee + Family Medical, + 1 Dental Dependent	\$2,350.20	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,472.78	\$ 1,200.00	\$ 1,272.78	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,350.20	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,526.63	\$ 1,200.00	\$ 1,326.63	
	Silver HMO								
	Employee Only Medical and Dental	\$ 832.99	\$ 53.83	\$ 9.18	\$ 5.70	\$ 901.70	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 832.99	\$ 107.70	\$ 9.18	\$ 5.70	\$ 955.57	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 832.99	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,009.42	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,666.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,734.95	\$ 1,200.00	\$ 534.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,666.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,788.82	\$ 1,200.00	\$ 588.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,666.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,842.67	\$ 1,200.00	\$ 642.67	
	Employee + Family Medical, Employee Only Dental	\$2,166.12	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,234.83	\$ 1,200.00	\$ 1,034.83	
	Employee + Family Medical, + 1 Dental Dependent	\$2,166.12	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,288.70	\$ 1,200.00	\$ 1,088.70	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,166.12	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,342.55	\$ 1,200.00	\$ 1,142.55	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 753.01	\$ 53.83	\$ 9.18	\$ 5.70	\$ 821.72	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 753.01	\$ 107.70	\$ 9.18	\$ 5.70	\$ 875.59	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 753.01	\$ 161.55	\$ 9.18	\$ 5.70	\$ 929.44	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,506.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,574.95	\$ 1,200.00	\$ 374.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,506.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,628.82	\$ 1,200.00	\$ 428.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,506.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,682.67	\$ 1,200.00	\$ 482.67	
	Employee + Family Medical, Employee Only Dental	\$1,958.16	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,026.87	\$ 1,200.00	\$ 826.87	
	Employee + Family Medical, + 1 Dental Dependent	\$1,958.16	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,080.74	\$ 1,200.00	\$ 880.74	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,958.16	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,134.59	\$ 1,200.00	\$ 934.59	

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Trio Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 815.66	\$ 53.83	\$ 9.18	\$ 5.70	\$ 884.37	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 815.66	\$ 107.70	\$ 9.18	\$ 5.70	\$ 938.24	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 815.66	\$ 161.55	\$ 9.18	\$ 5.70	\$ 992.09	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,631.53	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,700.24	\$ 1,200.00	\$ 500.24	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,631.53	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,754.11	\$ 1,200.00	\$ 554.11	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,631.53	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,807.96	\$ 1,200.00	\$ 607.96	
	Employee + Family Medical, Employee Only Dental	\$2,121.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,189.73	\$ 1,200.00	\$ 989.73	
	Employee + Family Medical, + 1 Dental Dependent	\$2,121.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,243.60	\$ 1,200.00	\$ 1,043.60	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,121.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,297.45	\$ 1,200.00	\$ 1,097.45	
	Gold HMO								
	Employee Only Medical and Dental	\$ 768.18	\$ 53.83	\$ 9.18	\$ 5.70	\$ 836.89	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 768.18	\$ 107.70	\$ 9.18	\$ 5.70	\$ 890.76	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 768.18	\$ 161.55	\$ 9.18	\$ 5.70	\$ 944.61	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,536.61	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,605.32	\$ 1,200.00	\$ 405.32	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,536.61	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,659.19	\$ 1,200.00	\$ 459.19	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,536.61	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,713.04	\$ 1,200.00	\$ 513.04	
	Employee + Family Medical, Employee Only Dental	\$1,997.64	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,066.35	\$ 1,200.00	\$ 866.35	
	Employee + Family Medical, + 1 Dental Dependent	\$1,997.64	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,120.22	\$ 1,200.00	\$ 920.22	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,997.64	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,174.07	\$ 1,200.00	\$ 974.07	
	Silver HMO								
	Employee Only Medical and Dental	\$ 708.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 776.73	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 708.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 830.60	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 708.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 884.45	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,416.25	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,484.96	\$ 1,200.00	\$ 284.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,416.25	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,538.83	\$ 1,200.00	\$ 338.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,416.25	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,592.68	\$ 1,200.00	\$ 392.68	
	Employee + Family Medical, Employee Only Dental	\$1,841.17	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,909.88	\$ 1,200.00	\$ 709.88	
	Employee + Family Medical, + 1 Dental Dependent	\$1,841.17	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,963.75	\$ 1,200.00	\$ 763.75	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,841.17	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,017.60	\$ 1,200.00	\$ 817.60	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 640.04	\$ 53.83	\$ 9.18	\$ 5.70	\$ 708.75	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 640.04	\$ 107.70	\$ 9.18	\$ 5.70	\$ 762.62	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 640.04	\$ 161.55	\$ 9.18	\$ 5.70	\$ 816.47	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,280.29	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,349.00	\$ 1,200.00	\$ 149.00	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,280.29	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,402.87	\$ 1,200.00	\$ 202.87	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,280.29	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,456.72	\$ 1,200.00	\$ 256.72	
	Employee + Family Medical, Employee Only Dental	\$1,664.39	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,733.10	\$ 1,200.00	\$ 533.10	
	Employee + Family Medical, + 1 Dental Dependent	\$1,664.39	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,786.97	\$ 1,200.00	\$ 586.97	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,664.39	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,840.82	\$ 1,200.00	\$ 640.82	

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
PPO - Blue Shield Full Network	Gold PPO								
	Employee Only Medical and Dental	\$1,392.71	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,461.42	\$ 1,200.00	\$ 261.42	
	Employee Only Medical, + 1 Dental Dependent	\$1,392.71	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,515.29	\$ 1,200.00	\$ 315.29	
	Employee Only Medical, + 2 or more Dental Dependents	\$1,392.71	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,569.14	\$ 1,200.00	\$ 369.14	
	Employee + 1 Medical, Employee Only Dental	\$2,785.67	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,854.38	\$ 1,200.00	\$ 1,654.38	
	Employee + 1 Medical, + 1 Dental Dependent	\$2,785.67	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,908.25	\$ 1,200.00	\$ 1,708.25	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,785.67	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,962.10	\$ 1,200.00	\$ 1,762.10	
	Employee + Family Medical, Employee Only Dental	\$3,621.42	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,690.13	\$ 1,200.00	\$ 2,490.13	
	Employee + Family Medical, + 1 Dental Dependent	\$3,621.42	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,744.00	\$ 1,200.00	\$ 2,544.00	
	Employee + Family Medical, + 2 or more Dental Dependents	\$3,621.42	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,797.85	\$ 1,200.00	\$ 2,597.85	
	Silver PPO								
	Employee Only Medical and Dental	\$1,223.78	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,292.49	\$ 1,200.00	\$ 92.49	
	Employee Only Medical, + 1 Dental Dependent	\$1,223.78	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,346.36	\$ 1,200.00	\$ 146.36	
	Employee Only Medical, + 2 or more Dental Dependents	\$1,223.78	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,400.21	\$ 1,200.00	\$ 200.21	
	Employee + 1 Medical, Employee Only Dental	\$2,447.78	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,516.49	\$ 1,200.00	\$ 1,316.49	
	Employee + 1 Medical, + 1 Dental Dependent	\$2,447.78	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,570.36	\$ 1,200.00	\$ 1,370.36	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,447.78	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,624.21	\$ 1,200.00	\$ 1,424.21	
	Employee + Family Medical, Employee Only Dental	\$3,182.16	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,250.87	\$ 1,200.00	\$ 2,050.87	
	Employee + Family Medical, + 1 Dental Dependent	\$3,182.16	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,304.74	\$ 1,200.00	\$ 2,104.74	
	Employee + Family Medical, + 2 or more Dental Dependents	\$3,182.16	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,358.59	\$ 1,200.00	\$ 2,158.59	
	Silver Alternate PPO w/ H S A								
	Employee Only Medical and Dental	\$1,048.98	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,117.69	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$1,048.98	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,171.56	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$1,048.98	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,225.41	\$ 1,200.00	\$ 25.41	
	Employee + 1 Medical, Employee Only Dental	\$2,098.18	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,166.89	\$ 1,200.00	\$ 966.89	
	Employee + 1 Medical, + 1 Dental Dependent	\$2,098.18	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,220.76	\$ 1,200.00	\$ 1,020.76	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,098.18	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,274.61	\$ 1,200.00	\$ 1,074.61	
	Employee + Family Medical, Employee Only Dental	\$2,727.67	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,796.38	\$ 1,200.00	\$ 1,596.38	
	Employee + Family Medical, + 1 Dental Dependent	\$2,727.67	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,850.25	\$ 1,200.00	\$ 1,650.25	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,727.67	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,904.10	\$ 1,200.00	\$ 1,704.10	
	Bronze PPO w/ H S A								
	Employee Only Medical and Dental	\$ 974.75	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,043.46	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 974.75	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,097.33	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 974.75	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,151.18	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,949.72	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,018.43	\$ 1,200.00	\$ 818.43	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,949.72	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,072.30	\$ 1,200.00	\$ 872.30	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,949.72	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,126.15	\$ 1,200.00	\$ 926.15	
	Employee + Family Medical, Employee Only Dental	\$2,534.69	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,603.40	\$ 1,200.00	\$ 1,403.40	
	Employee + Family Medical, + 1 Dental Dependent	\$2,534.69	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,657.27	\$ 1,200.00	\$ 1,457.27	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,534.69	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,711.12	\$ 1,200.00	\$ 1,511.12	

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
PPO - Blue Shield Tandem Network	Gold PPO								
	Employee Only Medical and Dental	\$ 1,309.14	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,377.85	\$ 1,200.00	\$ 177.85	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,309.14	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,431.72	\$ 1,200.00	\$ 231.72	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,309.14	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,485.57	\$ 1,200.00	\$ 285.57	
	Employee + 1 Medical, Employee Only Dental	\$ 2,618.53	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,687.24	\$ 1,200.00	\$ 1,487.24	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,618.53	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,741.11	\$ 1,200.00	\$ 1,541.11	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,618.53	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,794.96	\$ 1,200.00	\$ 1,594.96	
	Employee + Family Medical, Employee Only Dental	\$ 3,404.11	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,472.82	\$ 1,200.00	\$ 2,272.82	
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,404.11	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,526.69	\$ 1,200.00	\$ 2,326.69	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,404.11	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,580.54	\$ 1,200.00	\$ 2,380.54	
	Silver PPO								
	Employee Only Medical and Dental	\$ 1,150.34	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,219.05	\$ 1,200.00	\$ 19.05	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,150.34	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,272.92	\$ 1,200.00	\$ 72.92	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,150.34	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,326.77	\$ 1,200.00	\$ 126.77	
	Employee + 1 Medical, Employee Only Dental	\$ 2,300.89	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,369.60	\$ 1,200.00	\$ 1,169.60	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,300.89	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,423.47	\$ 1,200.00	\$ 1,223.47	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,300.89	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,477.32	\$ 1,200.00	\$ 1,277.32	
	Employee + Family Medical, Employee Only Dental	\$ 2,991.20	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,059.91	\$ 1,200.00	\$ 1,859.91	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,991.20	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,113.78	\$ 1,200.00	\$ 1,913.78	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,991.20	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,167.63	\$ 1,200.00	\$ 1,967.63	
	Silver Alternate PPO w/ H S A								
	Employee Only Medical and Dental	\$ 986.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,054.73	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 986.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,108.60	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 986.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,162.45	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,972.27	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,040.98	\$ 1,200.00	\$ 840.98	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,972.27	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,094.85	\$ 1,200.00	\$ 894.85	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,972.27	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,148.70	\$ 1,200.00	\$ 948.70	
	Employee + Family Medical, Employee Only Dental	\$ 2,564.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,632.73	\$ 1,200.00	\$ 1,432.73	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,564.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,686.60	\$ 1,200.00	\$ 1,486.60	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,564.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,740.45	\$ 1,200.00	\$ 1,540.45	
	Bronze PPO w/ H S A								
	Employee Only Medical and Dental	\$ 916.26	\$ 53.83	\$ 9.18	\$ 5.70	\$ 984.97	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 916.26	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,038.84	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 916.26	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,092.69	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,832.74	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,901.45	\$ 1,200.00	\$ 701.45	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,832.74	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,955.32	\$ 1,200.00	\$ 755.32	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,832.74	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,009.17	\$ 1,200.00	\$ 809.17	
	Employee + Family Medical, Employee Only Dental	\$ 2,382.60	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,451.31	\$ 1,200.00	\$ 1,251.31	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,382.60	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,505.18	\$ 1,200.00	\$ 1,305.18	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,382.60	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,559.03	\$ 1,200.00	\$ 1,359.03	

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Kaiser Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 899.47	\$ 53.83	\$ 9.18	\$ 5.70	\$ 968.18	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 899.47	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,022.05	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 899.47	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,075.90	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,779.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,847.95	\$ 1,200.00	\$ 647.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,779.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,901.82	\$ 1,200.00	\$ 701.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,779.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,955.67	\$ 1,200.00	\$ 755.67	
	Employee + Family Medical, Employee Only Dental	\$ 2,307.11	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,375.82	\$ 1,200.00	\$ 1,175.82	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,307.11	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,429.69	\$ 1,200.00	\$ 1,229.69	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,307.11	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,483.54	\$ 1,200.00	\$ 1,283.54	
	Gold HMO								
	Employee Only Medical and Dental	\$ 882.32	\$ 53.83	\$ 9.18	\$ 5.70	\$ 951.03	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 882.32	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,004.90	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 882.32	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,058.75	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,744.97	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,813.68	\$ 1,200.00	\$ 613.68	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,744.97	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,867.55	\$ 1,200.00	\$ 667.55	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,744.97	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,921.40	\$ 1,200.00	\$ 721.40	
	Employee + Family Medical, Employee Only Dental	\$ 2,262.54	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,331.25	\$ 1,200.00	\$ 1,131.25	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,262.54	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,385.12	\$ 1,200.00	\$ 1,185.12	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,262.54	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,438.97	\$ 1,200.00	\$ 1,238.97	
	Silver HMO								
	Employee Only Medical and Dental	\$ 869.63	\$ 53.83	\$ 9.18	\$ 5.70	\$ 938.34	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 869.63	\$ 107.70	\$ 9.18	\$ 5.70	\$ 992.21	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 869.63	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,046.06	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,719.56	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,788.27	\$ 1,200.00	\$ 588.27	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,719.56	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,842.14	\$ 1,200.00	\$ 642.14	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,719.56	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,895.99	\$ 1,200.00	\$ 695.99	
	Employee + Family Medical, Employee Only Dental	\$ 2,229.53	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,298.24	\$ 1,200.00	\$ 1,098.24	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,229.53	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,352.11	\$ 1,200.00	\$ 1,152.11	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,229.53	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,405.96	\$ 1,200.00	\$ 1,205.96	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 732.96	\$ 53.83	\$ 9.18	\$ 5.70	\$ 801.67	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 732.96	\$ 107.70	\$ 9.18	\$ 5.70	\$ 855.54	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 732.96	\$ 161.55	\$ 9.18	\$ 5.70	\$ 909.39	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,446.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,514.95	\$ 1,200.00	\$ 314.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,446.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,568.82	\$ 1,200.00	\$ 368.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,446.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,622.67	\$ 1,200.00	\$ 422.67	
	Employee + Family Medical, Employee Only Dental	\$ 1,874.21	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,942.92	\$ 1,200.00	\$ 742.92	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,874.21	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,996.79	\$ 1,200.00	\$ 796.79	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,874.21	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,050.64	\$ 1,200.00	\$ 850.64	
	Bronze HMO 2 w/ H S A								
	Employee Only Medical and Dental	\$ 592.78	\$ 53.83	\$ 9.18	\$ 5.70	\$ 661.49	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 592.78	\$ 107.70	\$ 9.18	\$ 5.70	\$ 715.36	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 592.78	\$ 161.55	\$ 9.18	\$ 5.70	\$ 769.21	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,165.85	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,234.56	\$ 1,200.00	\$ 34.56	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,165.85	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,288.43	\$ 1,200.00	\$ 88.43	
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,165.85	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,342.28	\$ 1,200.00	\$ 142.28		
Employee + Family Medical, Employee Only Dental	\$ 1,509.68	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,578.39	\$ 1,200.00	\$ 378.39		
Employee + Family Medical, + 1 Dental Dependent	\$ 1,509.68	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,632.26	\$ 1,200.00	\$ 432.26		
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,509.68	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,686.11	\$ 1,200.00	\$ 486.11		
Medical Waivers w/Delta PPO	\$ -	\$ 53.83	\$ 9.18	\$ 5.70	\$ 68.71	\$ 68.71	\$ -		

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Blue Shield Access+ Network	Platinum HMO							
	Employee Only	\$ 959.63	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,037.47	\$ 1,200.00	\$ -
	Employee + 1	\$1,919.48	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,997.32	\$ 1,200.00	\$ 797.32
	Employee + Family	\$2,495.36	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,573.20	\$ 1,200.00	\$ 1,373.20
	Gold HMO							
	Employee Only	\$ 903.80	\$ 62.96	\$ 9.18	\$ 5.70	\$ 981.64	\$ 1,200.00	\$ -
	Employee + 1	\$1,807.82	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,885.66	\$ 1,200.00	\$ 685.66
	Employee + Family	\$2,350.20	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,428.04	\$ 1,200.00	\$ 1,228.04
	Silver HMO							
	Employee Only	\$ 832.99	\$ 62.96	\$ 9.18	\$ 5.70	\$ 910.83	\$ 1,200.00	\$ -
	Employee + 1	\$1,666.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,744.08	\$ 1,200.00	\$ 544.08
	Employee + Family	\$2,166.12	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,243.96	\$ 1,200.00	\$ 1,043.96
	Bronze HMO							
	Employee Only	\$ 753.01	\$ 62.96	\$ 9.18	\$ 5.70	\$ 830.85	\$ 1,200.00	\$ -
	Employee + 1	\$1,506.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,584.08	\$ 1,200.00	\$ 384.08
Employee + Family	\$1,958.16	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,036.00	\$ 1,200.00	\$ 836.00	
HMO - Blue Shield Trio Network	Platinum HMO							
	Employee Only	\$ 815.66	\$ 62.96	\$ 9.18	\$ 5.70	\$ 893.50	\$ 1,200.00	\$ -
	Employee + 1	\$1,631.53	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,709.37	\$ 1,200.00	\$ 509.37
	Employee + Family	\$2,121.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,198.86	\$ 1,200.00	\$ 998.86
	Gold HMO							
	Employee Only	\$ 768.18	\$ 62.96	\$ 9.18	\$ 5.70	\$ 846.02	\$ 1,200.00	\$ -
	Employee + 1	\$1,536.61	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,614.45	\$ 1,200.00	\$ 414.45
	Employee + Family	\$1,997.64	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,075.48	\$ 1,200.00	\$ 875.48
	Silver HMO							
	Employee Only	\$ 708.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 785.86	\$ 1,200.00	\$ -
	Employee + 1	\$1,416.25	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,494.09	\$ 1,200.00	\$ 294.09
	Employee + Family	\$1,841.17	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,919.01	\$ 1,200.00	\$ 719.01
	Bronze HMO							
	Employee Only	\$ 640.04	\$ 62.96	\$ 9.18	\$ 5.70	\$ 717.88	\$ 1,200.00	\$ -
	Employee + 1	\$1,280.29	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,358.13	\$ 1,200.00	\$ 158.13
Employee + Family	\$1,664.39	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,742.23	\$ 1,200.00	\$ 542.23	

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
PPO - Blue Shield Full Network	Gold PPO							
	Employee Only	\$1,392.71	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,470.55	\$ 1,200.00	\$ 270.55
	Employee + 1	\$2,785.67	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,863.51	\$ 1,200.00	\$ 1,663.51
	Employee + Family	\$3,621.42	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,699.26	\$ 1,200.00	\$ 2,499.26
	Silver PPO							
	Employee Only	\$1,223.78	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,301.62	\$ 1,200.00	\$ 101.62
	Employee + 1	\$2,447.78	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,525.62	\$ 1,200.00	\$ 1,325.62
	Employee + Family	\$3,182.16	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,260.00	\$ 1,200.00	\$ 2,060.00
	Silver Alternate PPO w/ H S A							
	Employee Only	\$1,048.98	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,126.82	\$ 1,200.00	\$ -
	Employee + 1	\$2,098.18	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,176.02	\$ 1,200.00	\$ 976.02
	Employee + Family	\$2,727.67	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,805.51	\$ 1,200.00	\$ 1,605.51
	Bronze PPO w/ H S A							
	Employee Only	\$ 974.75	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,052.59	\$ 1,200.00	\$ -
	Employee + 1	\$1,949.72	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,027.56	\$ 1,200.00	\$ 827.56
Employee + Family	\$2,534.69	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,612.53	\$ 1,200.00	\$ 1,412.53	
PPO - Blue Shield Tandem Network	Gold PPO							
	Employee Only	\$1,309.14	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,386.98	\$ 1,200.00	\$ 186.98
	Employee + 1	\$2,618.53	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,696.37	\$ 1,200.00	\$ 1,496.37
	Employee + Family	\$3,404.11	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,481.95	\$ 1,200.00	\$ 2,281.95
	Silver PPO							
	Employee Only	\$1,150.34	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,228.18	\$ 1,200.00	\$ 28.18
	Employee + 1	\$2,300.89	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,378.73	\$ 1,200.00	\$ 1,178.73
	Employee + Family	\$2,991.20	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,069.04	\$ 1,200.00	\$ 1,869.04
	Silver Alternate PPO w/ H S A							
	Employee Only	\$ 986.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,063.86	\$ 1,200.00	\$ -
	Employee + 1	\$1,972.27	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,050.11	\$ 1,200.00	\$ 850.11
	Employee + Family	\$2,564.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,641.86	\$ 1,200.00	\$ 1,441.86
	Bronze PPO w/ H S A							
	Employee Only	\$ 916.26	\$ 62.96	\$ 9.18	\$ 5.70	\$ 994.10	\$ 1,200.00	\$ -
	Employee + 1	\$1,832.74	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,910.58	\$ 1,200.00	\$ 710.58
Employee + Family	\$2,382.60	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,460.44	\$ 1,200.00	\$ 1,260.44	

Employee Tenthly Benefit Cost Certificated Staff

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Kaiser Network	Platinum HMO							
	Employee Only	\$ 899.47	\$ 62.96	\$ 9.18	\$ 5.70	\$ 977.31	\$ 1,200.00	\$ -
	Employee + 1	\$1,779.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,857.08	\$ 1,200.00	\$ 657.08
	Employee + Family	\$2,307.11	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,384.95	\$ 1,200.00	\$ 1,184.95
	Gold HMO							
	Employee Only	\$ 882.32	\$ 62.96	\$ 9.18	\$ 5.70	\$ 960.16	\$ 1,200.00	\$ -
	Employee + 1	\$1,744.97	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,822.81	\$ 1,200.00	\$ 622.81
	Employee + Family	\$2,262.54	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,340.38	\$ 1,200.00	\$ 1,140.38
	Silver HMO							
	Employee Only	\$ 869.63	\$ 62.96	\$ 9.18	\$ 5.70	\$ 947.47	\$ 1,200.00	\$ -
	Employee + 1	\$1,719.56	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,797.40	\$ 1,200.00	\$ 597.40
	Employee + Family	\$2,229.53	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,307.37	\$ 1,200.00	\$ 1,107.37
	Bronze HMO							
	Employee Only	\$ 732.96	\$ 62.96	\$ 9.18	\$ 5.70	\$ 810.80	\$ 1,200.00	\$ -
	Employee + 1	\$1,446.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,524.08	\$ 1,200.00	\$ 324.08
	Employee + Family	\$1,874.21	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,952.05	\$ 1,200.00	\$ 752.05
	Bronze HMO 2 w/ H S A							
	Employee Only	\$ 592.78	\$ 62.96	\$ 9.18	\$ 5.70	\$ 670.62	\$ 1,200.00	\$ -
	Employee + 1	\$1,165.85	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,243.69	\$ 1,200.00	\$ 43.69
	Employee + Family	\$1,509.68	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,587.52	\$ 1,200.00	\$ 387.52
	Medical Waivers w/DeltaCare USA	\$ -	\$ 62.96	\$ 9.18	\$ 5.70	\$ 77.84	\$ 77.84	\$ -

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Access+ Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 959.63	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,025.35	\$ 1,020.00	\$ 5.35	
	Employee Only Medical, + 1 Dental Dependent	\$ 959.63	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,079.22	\$ 1,020.00	\$ 59.22	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 959.63	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,133.07	\$ 1,020.00	\$ 113.07	
	Employee + 1 Medical, Employee Only Dental	\$1,919.48	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,985.20	\$ 1,020.00	\$ 965.20	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,919.48	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,039.07	\$ 1,020.00	\$1,019.07	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,919.48	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,092.92	\$ 1,020.00	\$1,072.92	
	Employee + Family Medical, Employee Only Dental	\$2,495.36	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,561.08	\$ 1,020.00	\$1,541.08	
	Employee + Family Medical, + 1 Dental Dependent	\$2,495.36	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,614.95	\$ 1,020.00	\$1,594.95	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,495.36	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,668.80	\$ 1,020.00	\$1,648.80	
	Gold HMO								
	Employee Only Medical and Dental	\$ 903.80	\$ 53.83	\$ 6.19	\$ 5.70	\$ 969.52	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 903.80	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,023.39	\$ 1,020.00	\$ 3.39	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 903.80	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,077.24	\$ 1,020.00	\$ 57.24	
	Employee + 1 Medical, Employee Only Dental	\$1,807.82	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,873.54	\$ 1,020.00	\$ 853.54	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,807.82	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,927.41	\$ 1,020.00	\$ 907.41	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,807.82	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,981.26	\$ 1,020.00	\$ 961.26	
	Employee + Family Medical, Employee Only Dental	\$2,350.20	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,415.92	\$ 1,020.00	\$1,395.92	
	Employee + Family Medical, + 1 Dental Dependent	\$2,350.20	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,469.79	\$ 1,020.00	\$1,449.79	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,350.20	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,523.64	\$ 1,020.00	\$1,503.64	
	Silver HMO								
	Employee Only Medical and Dental	\$ 832.99	\$ 53.83	\$ 6.19	\$ 5.70	\$ 898.71	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 832.99	\$ 107.70	\$ 6.19	\$ 5.70	\$ 952.58	\$ 1,020.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 832.99	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,006.43	\$ 1,020.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,666.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,731.96	\$ 1,020.00	\$ 711.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,666.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,785.83	\$ 1,020.00	\$ 765.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,666.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,839.68	\$ 1,020.00	\$ 819.68	
	Employee + Family Medical, Employee Only Dental	\$2,166.12	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,231.84	\$ 1,020.00	\$1,211.84	
	Employee + Family Medical, + 1 Dental Dependent	\$2,166.12	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,285.71	\$ 1,020.00	\$1,265.71	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,166.12	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,339.56	\$ 1,020.00	\$1,319.56	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 753.01	\$ 53.83	\$ 6.19	\$ 5.70	\$ 818.73	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 753.01	\$ 107.70	\$ 6.19	\$ 5.70	\$ 872.60	\$ 1,020.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 753.01	\$ 161.55	\$ 6.19	\$ 5.70	\$ 926.45	\$ 1,020.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,506.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,571.96	\$ 1,020.00	\$ 551.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,506.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,625.83	\$ 1,020.00	\$ 605.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,506.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,679.68	\$ 1,020.00	\$ 659.68	
	Employee + Family Medical, Employee Only Dental	\$1,958.16	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,023.88	\$ 1,020.00	\$1,003.88	
	Employee + Family Medical, + 1 Dental Dependent	\$1,958.16	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,077.75	\$ 1,020.00	\$1,057.75	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,958.16	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,131.60	\$ 1,020.00	\$1,111.60	

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Trio Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 815.66	\$ 53.83	\$ 6.19	\$ 5.70	\$ 881.38	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 815.66	\$ 107.70	\$ 6.19	\$ 5.70	\$ 935.25	\$ 1,020.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 815.66	\$ 161.55	\$ 6.19	\$ 5.70	\$ 989.10	\$ 1,020.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,631.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,697.25	\$ 1,020.00	\$ 677.25	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,631.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,751.12	\$ 1,020.00	\$ 731.12	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,631.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,804.97	\$ 1,020.00	\$ 784.97	
	Employee + Family Medical, Employee Only Dental	\$2,121.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,186.74	\$ 1,020.00	\$1,166.74	
	Employee + Family Medical, + 1 Dental Dependent	\$2,121.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,240.61	\$ 1,020.00	\$1,220.61	
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,121.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,294.46	\$ 1,020.00	\$1,274.46	
	Gold HMO								
	Employee Only Medical and Dental	\$ 768.18	\$ 53.83	\$ 6.19	\$ 5.70	\$ 833.90	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 768.18	\$ 107.70	\$ 6.19	\$ 5.70	\$ 887.77	\$ 1,020.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 768.18	\$ 161.55	\$ 6.19	\$ 5.70	\$ 941.62	\$ 1,020.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,536.61	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,602.33	\$ 1,020.00	\$ 582.33	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,536.61	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,656.20	\$ 1,020.00	\$ 636.20	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,536.61	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,710.05	\$ 1,020.00	\$ 690.05	
	Employee + Family Medical, Employee Only Dental	\$1,997.64	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,063.36	\$ 1,020.00	\$1,043.36	
	Employee + Family Medical, + 1 Dental Dependent	\$1,997.64	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,117.23	\$ 1,020.00	\$1,097.23	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,997.64	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,171.08	\$ 1,020.00	\$1,151.08	
	Silver HMO								
	Employee Only Medical and Dental	\$ 708.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 773.74	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 708.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 827.61	\$ 1,020.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 708.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 881.46	\$ 1,020.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,416.25	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,481.97	\$ 1,020.00	\$ 461.97	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,416.25	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,535.84	\$ 1,020.00	\$ 515.84	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,416.25	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,589.69	\$ 1,020.00	\$ 569.69	
	Employee + Family Medical, Employee Only Dental	\$1,841.17	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,906.89	\$ 1,020.00	\$ 886.89	
	Employee + Family Medical, + 1 Dental Dependent	\$1,841.17	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,960.76	\$ 1,020.00	\$ 940.76	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,841.17	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,014.61	\$ 1,020.00	\$ 994.61	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 640.04	\$ 53.83	\$ 6.19	\$ 5.70	\$ 705.76	\$ 1,020.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 640.04	\$ 107.70	\$ 6.19	\$ 5.70	\$ 759.63	\$ 1,020.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 640.04	\$ 161.55	\$ 6.19	\$ 5.70	\$ 813.48	\$ 1,020.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$1,280.29	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,346.01	\$ 1,020.00	\$ 326.01	
	Employee + 1 Medical, + 1 Dental Dependent	\$1,280.29	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,399.88	\$ 1,020.00	\$ 379.88	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,280.29	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,453.73	\$ 1,020.00	\$ 433.73	
	Employee + Family Medical, Employee Only Dental	\$1,664.39	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,730.11	\$ 1,020.00	\$ 710.11	
	Employee + Family Medical, + 1 Dental Dependent	\$1,664.39	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,783.98	\$ 1,020.00	\$ 763.98	
	Employee + Family Medical, + 2 or more Dental Dependents	\$1,664.39	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,837.83	\$ 1,020.00	\$ 817.83	

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
PPO - Blue Shield Full Network	Gold PPO							
	Employee Only Medical and Dental	\$1,392.71	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,458.43	\$ 1,020.00	\$ 438.43
	Employee Only Medical, + 1 Dental Dependent	\$1,392.71	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,512.30	\$ 1,020.00	\$ 492.30
	Employee Only Medical, + 2 or more Dental Dependents	\$1,392.71	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,566.15	\$ 1,020.00	\$ 546.15
	Employee + 1 Medical, Employee Only Dental	\$2,785.67	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,851.39	\$ 1,020.00	\$1,831.39
	Employee + 1 Medical, + 1 Dental Dependent	\$2,785.67	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,905.26	\$ 1,020.00	\$1,885.26
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,785.67	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,959.11	\$ 1,020.00	\$1,939.11
	Employee + Family Medical, Employee Only Dental	\$3,621.42	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,687.14	\$ 1,020.00	\$2,667.14
	Employee + Family Medical, + 1 Dental Dependent	\$3,621.42	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,741.01	\$ 1,020.00	\$2,721.01
	Employee + Family Medical, + 2 or more Dental Dependents	\$3,621.42	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,794.86	\$ 1,020.00	\$2,774.86
	Silver PPO							
	Employee Only Medical and Dental	\$1,223.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,289.50	\$ 1,020.00	\$ 269.50
	Employee Only Medical, + 1 Dental Dependent	\$1,223.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,343.37	\$ 1,020.00	\$ 323.37
	Employee Only Medical, + 2 or more Dental Dependents	\$1,223.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,397.22	\$ 1,020.00	\$ 377.22
	Employee + 1 Medical, Employee Only Dental	\$2,447.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,513.50	\$ 1,020.00	\$1,493.50
	Employee + 1 Medical, + 1 Dental Dependent	\$2,447.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,567.37	\$ 1,020.00	\$1,547.37
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,447.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,621.22	\$ 1,020.00	\$1,601.22
	Employee + Family Medical, Employee Only Dental	\$3,182.16	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,247.88	\$ 1,020.00	\$2,227.88
	Employee + Family Medical, + 1 Dental Dependent	\$3,182.16	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,301.75	\$ 1,020.00	\$2,281.75
	Employee + Family Medical, + 2 or more Dental Dependents	\$3,182.16	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,355.60	\$ 1,020.00	\$2,335.60
	Silver Alternate PPO w/ H S A							
	Employee Only Medical and Dental	\$1,048.98	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,114.70	\$ 1,020.00	\$ 94.70
	Employee Only Medical, + 1 Dental Dependent	\$1,048.98	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,168.57	\$ 1,020.00	\$ 148.57
	Employee Only Medical, + 2 or more Dental Dependents	\$1,048.98	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,222.42	\$ 1,020.00	\$ 202.42
	Employee + 1 Medical, Employee Only Dental	\$2,098.18	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,163.90	\$ 1,020.00	\$1,143.90
	Employee + 1 Medical, + 1 Dental Dependent	\$2,098.18	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,217.77	\$ 1,020.00	\$1,197.77
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,098.18	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,271.62	\$ 1,020.00	\$1,251.62
	Employee + Family Medical, Employee Only Dental	\$2,727.67	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,793.39	\$ 1,020.00	\$1,773.39
	Employee + Family Medical, + 1 Dental Dependent	\$2,727.67	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,847.26	\$ 1,020.00	\$1,827.26
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,727.67	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,901.11	\$ 1,020.00	\$1,881.11
	Bronze PPO w/ H S A							
	Employee Only Medical and Dental	\$ 974.75	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,040.47	\$ 1,020.00	\$ 20.47
	Employee Only Medical, + 1 Dental Dependent	\$ 974.75	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,094.34	\$ 1,020.00	\$ 74.34
	Employee Only Medical, + 2 or more Dental Dependents	\$ 974.75	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,148.19	\$ 1,020.00	\$ 128.19
	Employee + 1 Medical, Employee Only Dental	\$1,949.72	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,015.44	\$ 1,020.00	\$ 995.44
	Employee + 1 Medical, + 1 Dental Dependent	\$1,949.72	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,069.31	\$ 1,020.00	\$1,049.31
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,949.72	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,123.16	\$ 1,020.00	\$1,103.16
	Employee + Family Medical, Employee Only Dental	\$2,534.69	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,600.41	\$ 1,020.00	\$1,580.41
	Employee + Family Medical, + 1 Dental Dependent	\$2,534.69	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,654.28	\$ 1,020.00	\$1,634.28
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,534.69	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,708.13	\$ 1,020.00	\$1,688.13

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
PPO - Blue Shield Tandem Network	Gold PPO							
	Employee Only Medical and Dental	\$1,309.14	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,374.86	\$ 1,020.00	\$ 354.86
	Employee Only Medical, + 1 Dental Dependent	\$1,309.14	\$107.70	\$ 6.19	\$ 5.70	\$ 1,428.73	\$ 1,020.00	\$ 408.73
	Employee Only Medical, + 2 or more Dental Dependents	\$1,309.14	\$161.55	\$ 6.19	\$ 5.70	\$ 1,482.58	\$ 1,020.00	\$ 462.58
	Employee + 1 Medical, Employee Only Dental	\$2,618.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,684.25	\$ 1,020.00	\$1,664.25
	Employee + 1 Medical, + 1 Dental Dependent	\$2,618.53	\$107.70	\$ 6.19	\$ 5.70	\$ 2,738.12	\$ 1,020.00	\$1,718.12
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,618.53	\$161.55	\$ 6.19	\$ 5.70	\$ 2,791.97	\$ 1,020.00	\$1,771.97
	Employee + Family Medical, Employee Only Dental	\$3,404.11	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,469.83	\$ 1,020.00	\$2,449.83
	Employee + Family Medical, + 1 Dental Dependent	\$3,404.11	\$107.70	\$ 6.19	\$ 5.70	\$ 3,523.70	\$ 1,020.00	\$2,503.70
	Employee + Family Medical, + 2 or more Dental Dependents	\$3,404.11	\$161.55	\$ 6.19	\$ 5.70	\$ 3,577.55	\$ 1,020.00	\$2,557.55
	Silver PPO							
	Employee Only Medical and Dental	\$1,150.34	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,216.06	\$ 1,020.00	\$ 196.06
	Employee Only Medical, + 1 Dental Dependent	\$1,150.34	\$107.70	\$ 6.19	\$ 5.70	\$ 1,269.93	\$ 1,020.00	\$ 249.93
	Employee Only Medical, + 2 or more Dental Dependents	\$1,150.34	\$161.55	\$ 6.19	\$ 5.70	\$ 1,323.78	\$ 1,020.00	\$ 303.78
	Employee + 1 Medical, Employee Only Dental	\$2,300.89	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,366.61	\$ 1,020.00	\$1,346.61
	Employee + 1 Medical, + 1 Dental Dependent	\$2,300.89	\$107.70	\$ 6.19	\$ 5.70	\$ 2,420.48	\$ 1,020.00	\$1,400.48
	Employee + 1 Medical, + 2 or more Dental Dependents	\$2,300.89	\$161.55	\$ 6.19	\$ 5.70	\$ 2,474.33	\$ 1,020.00	\$1,454.33
	Employee + Family Medical, Employee Only Dental	\$2,991.20	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,056.92	\$ 1,020.00	\$2,036.92
	Employee + Family Medical, + 1 Dental Dependent	\$2,991.20	\$107.70	\$ 6.19	\$ 5.70	\$ 3,110.79	\$ 1,020.00	\$2,090.79
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,991.20	\$161.55	\$ 6.19	\$ 5.70	\$ 3,164.64	\$ 1,020.00	\$2,144.64
	Silver Alternate PPO w/ H S A							
	Employee Only Medical and Dental	\$ 986.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,051.74	\$ 1,020.00	\$ 31.74
	Employee Only Medical, + 1 Dental Dependent	\$ 986.02	\$107.70	\$ 6.19	\$ 5.70	\$ 1,105.61	\$ 1,020.00	\$ 85.61
	Employee Only Medical, + 2 or more Dental Dependents	\$ 986.02	\$161.55	\$ 6.19	\$ 5.70	\$ 1,159.46	\$ 1,020.00	\$ 139.46
	Employee + 1 Medical, Employee Only Dental	\$1,972.27	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,037.99	\$ 1,020.00	\$1,017.99
	Employee + 1 Medical, + 1 Dental Dependent	\$1,972.27	\$107.70	\$ 6.19	\$ 5.70	\$ 2,091.86	\$ 1,020.00	\$1,071.86
	Employee + 1 Medical, + 2 or more Dental Dependents	\$1,972.27	\$161.55	\$ 6.19	\$ 5.70	\$ 2,145.71	\$ 1,020.00	\$1,125.71
	Employee + Family Medical, Employee Only Dental	\$2,564.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,629.74	\$ 1,020.00	\$1,609.74
	Employee + Family Medical, + 1 Dental Dependent	\$2,564.02	\$107.70	\$ 6.19	\$ 5.70	\$ 2,683.61	\$ 1,020.00	\$1,663.61
	Employee + Family Medical, + 2 or more Dental Dependents	\$2,564.02	\$161.55	\$ 6.19	\$ 5.70	\$ 2,737.46	\$ 1,020.00	\$1,717.46
	Bronze PPO w/ H S A							
	Employee Only Medical and Dental	\$ 916.26	\$ 53.83	\$ 6.19	\$ 5.70	\$ 981.98	\$ 1,020.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 916.26	\$107.70	\$ 6.19	\$ 5.70	\$ 1,035.85	\$ 1,020.00	\$ 15.85
Employee Only Medical, + 2 or more Dental Dependents	\$ 916.26	\$161.55	\$ 6.19	\$ 5.70	\$ 1,089.70	\$ 1,020.00	\$ 69.70	
Employee + 1 Medical, Employee Only Dental	\$1,832.74	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,898.46	\$ 1,020.00	\$ 878.46	
Employee + 1 Medical, + 1 Dental Dependent	\$1,832.74	\$107.70	\$ 6.19	\$ 5.70	\$ 1,952.33	\$ 1,020.00	\$ 932.33	
Employee + 1 Medical, + 2 or more Dental Dependents	\$1,832.74	\$161.55	\$ 6.19	\$ 5.70	\$ 2,006.18	\$ 1,020.00	\$ 986.18	
Employee + Family Medical, Employee Only Dental	\$2,382.60	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,448.32	\$ 1,020.00	\$1,428.32	
Employee + Family Medical, + 1 Dental Dependent	\$2,382.60	\$107.70	\$ 6.19	\$ 5.70	\$ 2,502.19	\$ 1,020.00	\$1,482.19	
Employee + Family Medical, + 2 or more Dental Dependents	\$2,382.60	\$161.55	\$ 6.19	\$ 5.70	\$ 2,556.04	\$ 1,020.00	\$1,536.04	

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with Delta Dental PPO	Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
Platinum HMO							
Employee Only Medical and Dental	\$ 899.47	\$ 53.83	\$ 6.19	\$ 5.70	\$ 965.19	\$ 1,020.00	\$ -
Employee Only Medical, + 1 Dental Dependent	\$ 899.47	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,019.06	\$ 1,020.00	\$ -
Employee Only Medical, + 2 or more Dental Dependents	\$ 899.47	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,072.91	\$ 1,020.00	\$ 52.91
Employee + 1 Medical, Employee Only Dental	\$ 1,779.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,844.96	\$ 1,020.00	\$ 824.96
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,779.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,898.83	\$ 1,020.00	\$ 878.83
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,779.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,952.68	\$ 1,020.00	\$ 932.68
Employee + Family Medical, Employee Only Dental	\$ 2,307.11	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,372.83	\$ 1,020.00	\$ 1,352.83
Employee + Family Medical, + 1 Dental Dependent	\$ 2,307.11	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,426.70	\$ 1,020.00	\$ 1,406.70
Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,307.11	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,480.55	\$ 1,020.00	\$ 1,460.55
Gold HMO							
Employee Only Medical and Dental	\$ 882.32	\$ 53.83	\$ 6.19	\$ 5.70	\$ 948.04	\$ 1,020.00	\$ -
Employee Only Medical, + 1 Dental Dependent	\$ 882.32	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,001.91	\$ 1,020.00	\$ -
Employee Only Medical, + 2 or more Dental Dependents	\$ 882.32	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,055.76	\$ 1,020.00	\$ 35.76
Employee + 1 Medical, Employee Only Dental	\$ 1,744.97	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,810.69	\$ 1,020.00	\$ 790.69
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,744.97	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,864.56	\$ 1,020.00	\$ 844.56
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,744.97	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,918.41	\$ 1,020.00	\$ 898.41
Employee + Family Medical, Employee Only Dental	\$ 2,262.54	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,328.26	\$ 1,020.00	\$ 1,308.26
Employee + Family Medical, + 1 Dental Dependent	\$ 2,262.54	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,382.13	\$ 1,020.00	\$ 1,362.13
Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,262.54	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,435.98	\$ 1,020.00	\$ 1,415.98
Silver HMO							
Employee Only Medical and Dental	\$ 869.63	\$ 53.83	\$ 6.19	\$ 5.70	\$ 935.35	\$ 1,020.00	\$ -
Employee Only Medical, + 1 Dental Dependent	\$ 869.63	\$ 107.70	\$ 6.19	\$ 5.70	\$ 989.22	\$ 1,020.00	\$ -
Employee Only Medical, + 2 or more Dental Dependents	\$ 869.63	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,043.07	\$ 1,020.00	\$ 23.07
Employee + 1 Medical, Employee Only Dental	\$ 1,719.56	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,785.28	\$ 1,020.00	\$ 765.28
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,719.56	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,839.15	\$ 1,020.00	\$ 819.15
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,719.56	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,893.00	\$ 1,020.00	\$ 873.00
Employee + Family Medical, Employee Only Dental	\$ 2,229.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,295.25	\$ 1,020.00	\$ 1,275.25
Employee + Family Medical, + 1 Dental Dependent	\$ 2,229.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,349.12	\$ 1,020.00	\$ 1,329.12
Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,229.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,402.97	\$ 1,020.00	\$ 1,382.97
Bronze HMO							
Employee Only Medical and Dental	\$ 732.96	\$ 53.83	\$ 6.19	\$ 5.70	\$ 798.68	\$ 1,020.00	\$ -
Employee Only Medical, + 1 Dental Dependent	\$ 732.96	\$ 107.70	\$ 6.19	\$ 5.70	\$ 852.55	\$ 1,020.00	\$ -
Employee Only Medical, + 2 or more Dental Dependents	\$ 732.96	\$ 161.55	\$ 6.19	\$ 5.70	\$ 906.40	\$ 1,020.00	\$ -
Employee + 1 Medical, Employee Only Dental	\$ 1,446.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,511.96	\$ 1,020.00	\$ 491.96
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,446.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,565.83	\$ 1,020.00	\$ 545.83
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,446.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,619.68	\$ 1,020.00	\$ 599.68
Employee + Family Medical, Employee Only Dental	\$ 1,874.21	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,939.93	\$ 1,020.00	\$ 919.93
Employee + Family Medical, + 1 Dental Dependent	\$ 1,874.21	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,993.80	\$ 1,020.00	\$ 973.80
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,874.21	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,047.65	\$ 1,020.00	\$ 1,027.65
Bronze HMO 2 w/ H S A							
Employee Only Medical and Dental	\$ 592.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 658.50	\$ 1,020.00	\$ -
Employee Only Medical, + 1 Dental Dependent	\$ 592.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 712.37	\$ 1,020.00	\$ -
Employee Only Medical, + 2 or more Dental Dependents	\$ 592.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 766.22	\$ 1,020.00	\$ -
Employee + 1 Medical, Employee Only Dental	\$ 1,165.85	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,231.57	\$ 1,020.00	\$ 211.57
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,165.85	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,285.44	\$ 1,020.00	\$ 265.44
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,165.85	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,339.29	\$ 1,020.00	\$ 319.29
Employee + Family Medical, Employee Only Dental	\$ 1,509.68	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,575.40	\$ 1,020.00	\$ 555.40
Employee + Family Medical, + 1 Dental Dependent	\$ 1,509.68	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,629.27	\$ 1,020.00	\$ 609.27
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,509.68	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,683.12	\$ 1,020.00	\$ 663.12
Medical Waivers w/Delta PPO	\$ -	\$ 53.83	\$ 6.19	\$ 5.70	\$ 65.72	\$ 65.72	\$ -

HMO - Kaiser Network

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Blue Shield Access+ Network	Platinum HMO							
	Employee Only	\$ 959.63	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,034.48	\$ 1,020.00	\$ 14.48
	Employee + 1	\$1,919.48	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,994.33	\$ 1,020.00	\$ 974.33
	Employee + Family	\$2,495.36	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,570.21	\$ 1,020.00	\$1,550.21
	Gold HMO							
	Employee Only	\$ 903.80	\$ 62.96	\$ 6.19	\$ 5.70	\$ 978.65	\$ 1,020.00	\$ -
	Employee + 1	\$1,807.82	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,882.67	\$ 1,020.00	\$ 862.67
	Employee + Family	\$2,350.20	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,425.05	\$ 1,020.00	\$1,405.05
	Silver HMO							
	Employee Only	\$ 832.99	\$ 62.96	\$ 6.19	\$ 5.70	\$ 907.84	\$ 1,020.00	\$ -
	Employee + 1	\$1,666.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,741.09	\$ 1,020.00	\$ 721.09
	Employee + Family	\$2,166.12	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,240.97	\$ 1,020.00	\$1,220.97
	Bronze HMO							
	Employee Only	\$ 753.01	\$ 62.96	\$ 6.19	\$ 5.70	\$ 827.86	\$ 1,020.00	\$ -
	Employee + 1	\$1,506.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,581.09	\$ 1,020.00	\$ 561.09
Employee + Family	\$1,958.16	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,033.01	\$ 1,020.00	\$1,013.01	
HMO - Blue Shield Trio Network	Platinum HMO							
	Employee Only	\$ 815.66	\$ 62.96	\$ 6.19	\$ 5.70	\$ 890.51	\$ 1,020.00	\$ -
	Employee + 1	\$1,631.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,706.38	\$ 1,020.00	\$ 686.38
	Employee + Family	\$2,121.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,195.87	\$ 1,020.00	\$1,175.87
	Gold HMO							
	Employee Only	\$ 768.18	\$ 62.96	\$ 6.19	\$ 5.70	\$ 843.03	\$ 1,020.00	\$ -
	Employee + 1	\$1,536.61	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,611.46	\$ 1,020.00	\$ 591.46
	Employee + Family	\$1,997.64	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,072.49	\$ 1,020.00	\$1,052.49
	Silver HMO							
	Employee Only	\$ 708.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 782.87	\$ 1,020.00	\$ -
	Employee + 1	\$1,416.25	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,491.10	\$ 1,020.00	\$ 471.10
	Employee + Family	\$1,841.17	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,916.02	\$ 1,020.00	\$ 896.02
	Bronze HMO							
	Employee Only	\$ 640.04	\$ 62.96	\$ 6.19	\$ 5.70	\$ 714.89	\$ 1,020.00	\$ -
	Employee + 1	\$1,280.29	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,355.14	\$ 1,020.00	\$ 335.14
Employee + Family	\$1,664.39	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,739.24	\$ 1,020.00	\$ 719.24	

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
PPO - Blue Shield Full Network	Gold PPO							
	Employee Only	\$1,392.71	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,467.56	\$ 1,020.00	\$ 447.56
	Employee + 1	\$2,785.67	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,860.52	\$ 1,020.00	\$1,840.52
	Employee + Family	\$3,621.42	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,696.27	\$ 1,020.00	\$2,676.27
	Silver PPO							
	Employee Only	\$1,223.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,298.63	\$ 1,020.00	\$ 278.63
	Employee + 1	\$2,447.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,522.63	\$ 1,020.00	\$1,502.63
	Employee + Family	\$3,182.16	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,257.01	\$ 1,020.00	\$2,237.01
	Silver Alternate PPO w/ H S A							
	Employee Only	\$1,048.98	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,123.83	\$ 1,020.00	\$ 103.83
	Employee + 1	\$2,098.18	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,173.03	\$ 1,020.00	\$1,153.03
	Employee + Family	\$2,727.67	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,802.52	\$ 1,020.00	\$1,782.52
	Bronze PPO w/ H S A							
	Employee Only	\$ 974.75	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,049.60	\$ 1,020.00	\$ 29.60
	Employee + 1	\$1,949.72	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,024.57	\$ 1,020.00	\$1,004.57
Employee + Family	\$2,534.69	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,609.54	\$ 1,020.00	\$1,589.54	
PPO - Blue Shield Tandem Network	Gold PPO							
	Employee Only	\$1,309.14	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,383.99	\$ 1,020.00	\$ 363.99
	Employee + 1	\$2,618.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,693.38	\$ 1,020.00	\$1,673.38
	Employee + Family	\$3,404.11	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,478.96	\$ 1,020.00	\$2,458.96
	Silver PPO							
	Employee Only	\$1,150.34	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,225.19	\$ 1,020.00	\$ 205.19
	Employee + 1	\$2,300.89	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,375.74	\$ 1,020.00	\$1,355.74
	Employee + Family	\$2,991.20	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,066.05	\$ 1,020.00	\$2,046.05
	Silver Alternate PPO w/ H S A							
	Employee Only	\$ 986.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,060.87	\$ 1,020.00	\$ 40.87
	Employee + 1	\$1,972.27	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,047.12	\$ 1,020.00	\$1,027.12
	Employee + Family	\$2,564.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,638.87	\$ 1,020.00	\$1,618.87
	Bronze PPO w/ H S A							
	Employee Only	\$ 916.26	\$ 62.96	\$ 6.19	\$ 5.70	\$ 991.11	\$ 1,020.00	\$ -
	Employee + 1	\$1,832.74	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,907.59	\$ 1,020.00	\$ 887.59
Employee + Family	\$2,382.60	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,457.45	\$ 1,020.00	\$1,437.45	

Employee Tenthly Benefit Cost

Part-time Classified Staff - 20 to 29 Hours per Week

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Kaiser Network	Platinum HMO							
	Employee Only	\$ 899.47	\$ 62.96	\$ 6.19	\$ 5.70	\$ 974.32	\$ 1,020.00	\$ -
	Employee + 1	\$1,779.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,854.09	\$ 1,020.00	\$ 834.09
	Employee + Family	\$2,307.11	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,381.96	\$ 1,020.00	\$1,361.96
	Gold HMO							
	Employee Only	\$ 882.32	\$ 62.96	\$ 6.19	\$ 5.70	\$ 957.17	\$ 1,020.00	\$ -
	Employee + 1	\$1,744.97	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,819.82	\$ 1,020.00	\$ 799.82
	Employee + Family	\$2,262.54	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,337.39	\$ 1,020.00	\$1,317.39
	Silver HMO							
	Employee Only	\$ 869.63	\$ 62.96	\$ 6.19	\$ 5.70	\$ 944.48	\$ 1,020.00	\$ -
	Employee + 1	\$1,719.56	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,794.41	\$ 1,020.00	\$ 774.41
	Employee + Family	\$2,229.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,304.38	\$ 1,020.00	\$1,284.38
	Bronze HMO							
	Employee Only	\$ 732.96	\$ 62.96	\$ 6.19	\$ 5.70	\$ 807.81	\$ 1,020.00	\$ -
	Employee + 1	\$1,446.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,521.09	\$ 1,020.00	\$ 501.09
	Employee + Family	\$1,874.21	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,949.06	\$ 1,020.00	\$ 929.06
	Bronze HMO 2 w/ H S A							
	Employee Only	\$ 592.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 667.63	\$ 1,020.00	\$ -
	Employee + 1	\$1,165.85	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,240.70	\$ 1,020.00	\$ 220.70
	Employee + Family	\$1,509.68	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,584.53	\$ 1,020.00	\$ 564.53
Medical Waivers w/DeltaCare USA	\$ -	\$ 62.96	\$ 6.19	\$ 5.70	\$ 74.85	\$ 74.85	\$ -	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Access+ Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 959.63	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,025.35	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 959.63	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,079.22	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 959.63	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,133.07	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,919.48	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,985.20	\$ 1,200.00	\$ 785.20	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,919.48	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,039.07	\$ 1,200.00	\$ 839.07	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,919.48	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,092.92	\$ 1,200.00	\$ 892.92	
	Employee + Family Medical, Employee Only Dental	\$ 2,495.36	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,561.08	\$ 1,200.00	\$ 1,361.08	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,495.36	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,614.95	\$ 1,200.00	\$ 1,414.95	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,495.36	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,668.80	\$ 1,200.00	\$ 1,468.80	
	Gold HMO								
	Employee Only Medical and Dental	\$ 903.80	\$ 53.83	\$ 6.19	\$ 5.70	\$ 969.52	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 903.80	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,023.39	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 903.80	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,077.24	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,807.82	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,873.54	\$ 1,200.00	\$ 673.54	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,807.82	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,927.41	\$ 1,200.00	\$ 727.41	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,807.82	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,981.26	\$ 1,200.00	\$ 781.26	
	Employee + Family Medical, Employee Only Dental	\$ 2,350.20	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,415.92	\$ 1,200.00	\$ 1,215.92	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,350.20	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,469.79	\$ 1,200.00	\$ 1,269.79	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,350.20	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,523.64	\$ 1,200.00	\$ 1,323.64	
	Silver HMO								
	Employee Only Medical and Dental	\$ 832.99	\$ 53.83	\$ 6.19	\$ 5.70	\$ 898.71	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 832.99	\$ 107.70	\$ 6.19	\$ 5.70	\$ 952.58	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 832.99	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,006.43	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,666.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,731.96	\$ 1,200.00	\$ 531.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,666.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,785.83	\$ 1,200.00	\$ 585.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,666.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,839.68	\$ 1,200.00	\$ 639.68	
	Employee + Family Medical, Employee Only Dental	\$ 2,166.12	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,231.84	\$ 1,200.00	\$ 1,031.84	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,166.12	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,285.71	\$ 1,200.00	\$ 1,085.71	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,166.12	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,339.56	\$ 1,200.00	\$ 1,139.56	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 753.01	\$ 53.83	\$ 6.19	\$ 5.70	\$ 818.73	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 753.01	\$ 107.70	\$ 6.19	\$ 5.70	\$ 872.60	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 753.01	\$ 161.55	\$ 6.19	\$ 5.70	\$ 926.45	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,506.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,571.96	\$ 1,200.00	\$ 371.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,506.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,625.83	\$ 1,200.00	\$ 425.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,506.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,679.68	\$ 1,200.00	\$ 479.68	
	Employee + Family Medical, Employee Only Dental	\$ 1,958.16	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,023.88	\$ 1,200.00	\$ 823.88	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,958.16	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,077.75	\$ 1,200.00	\$ 877.75	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,958.16	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,131.60	\$ 1,200.00	\$ 931.60	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Trio Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 815.66	\$ 53.83	\$ 6.19	\$ 5.70	\$ 881.38	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 815.66	\$ 107.70	\$ 6.19	\$ 5.70	\$ 935.25	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 815.66	\$ 161.55	\$ 6.19	\$ 5.70	\$ 989.10	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,631.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,697.25	\$ 1,200.00	\$ 497.25	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,631.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,751.12	\$ 1,200.00	\$ 551.12	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,631.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,804.97	\$ 1,200.00	\$ 604.97	
	Employee + Family Medical, Employee Only Dental	\$ 2,121.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,186.74	\$ 1,200.00	\$ 986.74	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,121.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,240.61	\$ 1,200.00	\$ 1,040.61	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,121.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,294.46	\$ 1,200.00	\$ 1,094.46	
	Gold HMO								
	Employee Only Medical and Dental	\$ 768.18	\$ 53.83	\$ 6.19	\$ 5.70	\$ 833.90	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 768.18	\$ 107.70	\$ 6.19	\$ 5.70	\$ 887.77	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 768.18	\$ 161.55	\$ 6.19	\$ 5.70	\$ 941.62	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,536.61	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,602.33	\$ 1,200.00	\$ 402.33	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,536.61	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,656.20	\$ 1,200.00	\$ 456.20	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,536.61	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,710.05	\$ 1,200.00	\$ 510.05	
	Employee + Family Medical, Employee Only Dental	\$ 1,997.64	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,063.36	\$ 1,200.00	\$ 863.36	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,997.64	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,117.23	\$ 1,200.00	\$ 917.23	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,997.64	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,171.08	\$ 1,200.00	\$ 971.08	
	Silver HMO								
	Employee Only Medical and Dental	\$ 708.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 773.74	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 708.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 827.61	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 708.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 881.46	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,416.25	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,481.97	\$ 1,200.00	\$ 281.97	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,416.25	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,535.84	\$ 1,200.00	\$ 335.84	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,416.25	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,589.69	\$ 1,200.00	\$ 389.69	
	Employee + Family Medical, Employee Only Dental	\$ 1,841.17	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,906.89	\$ 1,200.00	\$ 706.89	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,841.17	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,960.76	\$ 1,200.00	\$ 760.76	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,841.17	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,014.61	\$ 1,200.00	\$ 814.61	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 640.04	\$ 53.83	\$ 6.19	\$ 5.70	\$ 705.76	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 640.04	\$ 107.70	\$ 6.19	\$ 5.70	\$ 759.63	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 640.04	\$ 161.55	\$ 6.19	\$ 5.70	\$ 813.48	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,280.29	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,346.01	\$ 1,200.00	\$ 146.01	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,280.29	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,399.88	\$ 1,200.00	\$ 199.88	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,280.29	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,453.73	\$ 1,200.00	\$ 253.73	
	Employee + Family Medical, Employee Only Dental	\$ 1,664.39	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,730.11	\$ 1,200.00	\$ 530.11	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,664.39	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,783.98	\$ 1,200.00	\$ 583.98	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,664.39	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,837.83	\$ 1,200.00	\$ 637.83	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
PPO - Blue Shield Full Network	Gold PPO								
	Employee Only Medical and Dental	\$ 1,392.71	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,458.43	\$ 1,200.00	\$ 258.43	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,392.71	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,512.30	\$ 1,200.00	\$ 312.30	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,392.71	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,566.15	\$ 1,200.00	\$ 366.15	
	Employee + 1 Medical, Employee Only Dental	\$ 2,785.67	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,851.39	\$ 1,200.00	\$ 1,651.39	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,785.67	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,905.26	\$ 1,200.00	\$ 1,705.26	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,785.67	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,959.11	\$ 1,200.00	\$ 1,759.11	
	Employee + Family Medical, Employee Only Dental	\$ 3,621.42	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,687.14	\$ 1,200.00	\$ 2,487.14	
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,621.42	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,741.01	\$ 1,200.00	\$ 2,541.01	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,621.42	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,794.86	\$ 1,200.00	\$ 2,594.86	
	Silver PPO								
	Employee Only Medical and Dental	\$ 1,223.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,289.50	\$ 1,200.00	\$ 89.50	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,223.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,343.37	\$ 1,200.00	\$ 143.37	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,223.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,397.22	\$ 1,200.00	\$ 197.22	
	Employee + 1 Medical, Employee Only Dental	\$ 2,447.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,513.50	\$ 1,200.00	\$ 1,313.50	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,447.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,567.37	\$ 1,200.00	\$ 1,367.37	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,447.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,621.22	\$ 1,200.00	\$ 1,421.22	
	Employee + Family Medical, Employee Only Dental	\$ 3,182.16	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,247.88	\$ 1,200.00	\$ 2,047.88	
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,182.16	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,301.75	\$ 1,200.00	\$ 2,101.75	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,182.16	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,355.60	\$ 1,200.00	\$ 2,155.60	
	Silver Alternate PPO w/ H S A								
	Employee Only Medical and Dental	\$ 1,048.98	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,114.70	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,048.98	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,168.57	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,048.98	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,222.42	\$ 1,200.00	\$ 22.42	
	Employee + 1 Medical, Employee Only Dental	\$ 2,098.18	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,163.90	\$ 1,200.00	\$ 963.90	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,098.18	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,217.77	\$ 1,200.00	\$ 1,017.77	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,098.18	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,271.62	\$ 1,200.00	\$ 1,071.62	
	Employee + Family Medical, Employee Only Dental	\$ 2,727.67	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,793.39	\$ 1,200.00	\$ 1,593.39	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,727.67	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,847.26	\$ 1,200.00	\$ 1,647.26	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,727.67	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,901.11	\$ 1,200.00	\$ 1,701.11	
	Bronze PPO w/ H S A								
	Employee Only Medical and Dental	\$ 974.75	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,040.47	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 974.75	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,094.34	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 974.75	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,148.19	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,949.72	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,015.44	\$ 1,200.00	\$ 815.44	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,949.72	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,069.31	\$ 1,200.00	\$ 869.31	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,949.72	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,123.16	\$ 1,200.00	\$ 923.16	
	Employee + Family Medical, Employee Only Dental	\$ 2,534.69	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,600.41	\$ 1,200.00	\$ 1,400.41	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,534.69	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,654.28	\$ 1,200.00	\$ 1,454.28	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,534.69	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,708.13	\$ 1,200.00	\$ 1,508.13	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
PPO - Blue Shield Tandem Network	Gold PPO								
	Employee Only Medical and Dental	\$ 1,309.14	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,374.86	\$ 1,200.00	\$ 174.86	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,309.14	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,428.73	\$ 1,200.00	\$ 228.73	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,309.14	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,482.58	\$ 1,200.00	\$ 282.58	
	Employee + 1 Medical, Employee Only Dental	\$ 2,618.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,684.25	\$ 1,200.00	\$ 1,484.25	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,618.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,738.12	\$ 1,200.00	\$ 1,538.12	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,618.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,791.97	\$ 1,200.00	\$ 1,591.97	
	Employee + Family Medical, Employee Only Dental	\$ 3,404.11	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,469.83	\$ 1,200.00	\$ 2,269.83	
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,404.11	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,523.70	\$ 1,200.00	\$ 2,323.70	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,404.11	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,577.55	\$ 1,200.00	\$ 2,377.55	
	Silver PPO								
	Employee Only Medical and Dental	\$ 1,150.34	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,216.06	\$ 1,200.00	\$ 16.06	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,150.34	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,269.93	\$ 1,200.00	\$ 69.93	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,150.34	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,323.78	\$ 1,200.00	\$ 123.78	
	Employee + 1 Medical, Employee Only Dental	\$ 2,300.89	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,366.61	\$ 1,200.00	\$ 1,166.61	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,300.89	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,420.48	\$ 1,200.00	\$ 1,220.48	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,300.89	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,474.33	\$ 1,200.00	\$ 1,274.33	
	Employee + Family Medical, Employee Only Dental	\$ 2,991.20	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,056.92	\$ 1,200.00	\$ 1,856.92	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,991.20	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,110.79	\$ 1,200.00	\$ 1,910.79	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,991.20	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,164.64	\$ 1,200.00	\$ 1,964.64	
	Silver Alternate PPO w/ H S A								
	Employee Only Medical and Dental	\$ 986.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,051.74	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 986.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,105.61	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 986.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,159.46	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,972.27	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,037.99	\$ 1,200.00	\$ 837.99	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,972.27	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,091.86	\$ 1,200.00	\$ 891.86	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,972.27	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,145.71	\$ 1,200.00	\$ 945.71	
	Employee + Family Medical, Employee Only Dental	\$ 2,564.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,629.74	\$ 1,200.00	\$ 1,429.74	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,564.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,683.61	\$ 1,200.00	\$ 1,483.61	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,564.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,737.46	\$ 1,200.00	\$ 1,537.46	
	Bronze PPO w/ H S A								
	Employee Only Medical and Dental	\$ 916.26	\$ 53.83	\$ 6.19	\$ 5.70	\$ 981.98	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 916.26	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,035.85	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 916.26	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,089.70	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,832.74	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,898.46	\$ 1,200.00	\$ 698.46	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,832.74	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,952.33	\$ 1,200.00	\$ 752.33	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,832.74	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,006.18	\$ 1,200.00	\$ 806.18	
	Employee + Family Medical, Employee Only Dental	\$ 2,382.60	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,448.32	\$ 1,200.00	\$ 1,248.32	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,382.60	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,502.19	\$ 1,200.00	\$ 1,302.19	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,382.60	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,556.04	\$ 1,200.00	\$ 1,356.04	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Kaiser Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 899.47	\$ 53.83	\$ 6.19	\$ 5.70	\$ 965.19	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 899.47	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,019.06	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 899.47	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,072.91	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,779.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,844.96	\$ 1,200.00	\$ 644.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,779.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,898.83	\$ 1,200.00	\$ 698.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,779.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,952.68	\$ 1,200.00	\$ 752.68	
	Employee + Family Medical, Employee Only Dental	\$ 2,307.11	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,372.83	\$ 1,200.00	\$ 1,172.83	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,307.11	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,426.70	\$ 1,200.00	\$ 1,226.70	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,307.11	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,480.55	\$ 1,200.00	\$ 1,280.55	
	Gold HMO								
	Employee Only Medical and Dental	\$ 882.32	\$ 53.83	\$ 6.19	\$ 5.70	\$ 948.04	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 882.32	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,001.91	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 882.32	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,055.76	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,744.97	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,810.69	\$ 1,200.00	\$ 610.69	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,744.97	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,864.56	\$ 1,200.00	\$ 664.56	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,744.97	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,918.41	\$ 1,200.00	\$ 718.41	
	Employee + Family Medical, Employee Only Dental	\$ 2,262.54	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,328.26	\$ 1,200.00	\$ 1,128.26	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,262.54	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,382.13	\$ 1,200.00	\$ 1,182.13	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,262.54	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,435.98	\$ 1,200.00	\$ 1,235.98	
	Silver HMO								
	Employee Only Medical and Dental	\$ 869.63	\$ 53.83	\$ 6.19	\$ 5.70	\$ 935.35	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 869.63	\$ 107.70	\$ 6.19	\$ 5.70	\$ 989.22	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 869.63	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,043.07	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,719.56	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,785.28	\$ 1,200.00	\$ 585.28	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,719.56	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,839.15	\$ 1,200.00	\$ 639.15	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,719.56	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,893.00	\$ 1,200.00	\$ 693.00	
	Employee + Family Medical, Employee Only Dental	\$ 2,229.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,295.25	\$ 1,200.00	\$ 1,095.25	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,229.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,349.12	\$ 1,200.00	\$ 1,149.12	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,229.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,402.97	\$ 1,200.00	\$ 1,202.97	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 732.96	\$ 53.83	\$ 6.19	\$ 5.70	\$ 798.68	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 732.96	\$ 107.70	\$ 6.19	\$ 5.70	\$ 852.55	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 732.96	\$ 161.55	\$ 6.19	\$ 5.70	\$ 906.40	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,446.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,511.96	\$ 1,200.00	\$ 311.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,446.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,565.83	\$ 1,200.00	\$ 365.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,446.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,619.68	\$ 1,200.00	\$ 419.68	
	Employee + Family Medical, Employee Only Dental	\$ 1,874.21	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,939.93	\$ 1,200.00	\$ 739.93	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,874.21	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,993.80	\$ 1,200.00	\$ 793.80	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,874.21	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,047.65	\$ 1,200.00	\$ 847.65	
	Bronze HMO 2 w/H S A								
	Employee Only Medical and Dental	\$ 592.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 658.50	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 592.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 712.37	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 592.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 766.22	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,165.85	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,231.57	\$ 1,200.00	\$ 31.57	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,165.85	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,285.44	\$ 1,200.00	\$ 85.44	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,165.85	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,339.29	\$ 1,200.00	\$ 139.29	
Employee + Family Medical, Employee Only Dental	\$ 1,509.68	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,575.40	\$ 1,200.00	\$ 375.40		
Employee + Family Medical, + 1 Dental Dependent	\$ 1,509.68	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,629.27	\$ 1,200.00	\$ 429.27		
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,509.68	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,683.12	\$ 1,200.00	\$ 483.12		
Medical Waivers w/Delta PPO	\$ -	\$ 53.83	\$ 6.19	\$ 5.70	\$ 65.72	\$ 65.72	\$ -		

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Blue Shield Access+ Network	Platinum HMO							
	Employee Only	\$ 959.63	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,034.48	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,919.48	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,994.33	\$ 1,200.00	\$ 794.33
	Employee + Family	\$ 2,495.36	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,570.21	\$ 1,200.00	\$ 1,370.21
	Gold HMO							
	Employee Only	\$ 903.80	\$ 62.96	\$ 6.19	\$ 5.70	\$ 978.65	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,807.82	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,882.67	\$ 1,200.00	\$ 682.67
	Employee + Family	\$ 2,350.20	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,425.05	\$ 1,200.00	\$ 1,225.05
	Silver HMO							
	Employee Only	\$ 832.99	\$ 62.96	\$ 6.19	\$ 5.70	\$ 907.84	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,666.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,741.09	\$ 1,200.00	\$ 541.09
	Employee + Family	\$ 2,166.12	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,240.97	\$ 1,200.00	\$ 1,040.97
	Bronze HMO							
	Employee Only	\$ 753.01	\$ 62.96	\$ 6.19	\$ 5.70	\$ 827.86	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,506.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,581.09	\$ 1,200.00	\$ 381.09
Employee + Family	\$ 1,958.16	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,033.01	\$ 1,200.00	\$ 833.01	
HMO - Blue Shield Trio Network	Platinum HMO							
	Employee Only	\$ 815.66	\$ 62.96	\$ 6.19	\$ 5.70	\$ 890.51	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,631.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,706.38	\$ 1,200.00	\$ 506.38
	Employee + Family	\$ 2,121.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,195.87	\$ 1,200.00	\$ 995.87
	Gold HMO							
	Employee Only	\$ 768.18	\$ 62.96	\$ 6.19	\$ 5.70	\$ 843.03	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,536.61	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,611.46	\$ 1,200.00	\$ 411.46
	Employee + Family	\$ 1,997.64	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,072.49	\$ 1,200.00	\$ 872.49
	Silver HMO							
	Employee Only	\$ 708.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 782.87	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,416.25	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,491.10	\$ 1,200.00	\$ 291.10
	Employee + Family	\$ 1,841.17	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,916.02	\$ 1,200.00	\$ 716.02
	Bronze HMO							
	Employee Only	\$ 640.04	\$ 62.96	\$ 6.19	\$ 5.70	\$ 714.89	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,280.29	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,355.14	\$ 1,200.00	\$ 155.14
Employee + Family	\$ 1,664.39	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,739.24	\$ 1,200.00	\$ 539.24	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
PPO - Blue Shield Full Network	Gold PPO							
	Employee Only	\$ 1,392.71	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,467.56	\$ 1,200.00	\$ 267.56
	Employee + 1	\$ 2,785.67	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,860.52	\$ 1,200.00	\$ 1,660.52
	Employee + Family	\$ 3,621.42	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,696.27	\$ 1,200.00	\$ 2,496.27
	Silver PPO							
	Employee Only	\$ 1,223.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,298.63	\$ 1,200.00	\$ 98.63
	Employee + 1	\$ 2,447.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,522.63	\$ 1,200.00	\$ 1,322.63
	Employee + Family	\$ 3,182.16	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,257.01	\$ 1,200.00	\$ 2,057.01
	Silver Alternate PPO w/ H S A							
	Employee Only	\$ 1,048.98	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,123.83	\$ 1,200.00	\$ -
	Employee + 1	\$ 2,098.18	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,173.03	\$ 1,200.00	\$ 973.03
	Employee + Family	\$ 2,727.67	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,802.52	\$ 1,200.00	\$ 1,602.52
	Bronze PPO w/ H S A							
	Employee Only	\$ 974.75	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,049.60	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,949.72	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,024.57	\$ 1,200.00	\$ 824.57
Employee + Family	\$ 2,534.69	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,609.54	\$ 1,200.00	\$ 1,409.54	
PPO - Blue Shield Tandem Network	Gold PPO							
	Employee Only	\$ 1,309.14	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,383.99	\$ 1,200.00	\$ 183.99
	Employee + 1	\$ 2,618.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,693.38	\$ 1,200.00	\$ 1,493.38
	Employee + Family	\$ 3,404.11	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,478.96	\$ 1,200.00	\$ 2,278.96
	Silver PPO							
	Employee Only	\$ 1,150.34	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,225.19	\$ 1,200.00	\$ 25.19
	Employee + 1	\$ 2,300.89	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,375.74	\$ 1,200.00	\$ 1,175.74
	Employee + Family	\$ 2,991.20	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,066.05	\$ 1,200.00	\$ 1,866.05
	Silver Alternate PPO w/ H S A							
	Employee Only	\$ 986.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,060.87	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,972.27	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,047.12	\$ 1,200.00	\$ 847.12
	Employee + Family	\$ 2,564.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,638.87	\$ 1,200.00	\$ 1,438.87
	Bronze PPO w/ H S A							
	Employee Only	\$ 916.26	\$ 62.96	\$ 6.19	\$ 5.70	\$ 991.11	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,832.74	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,907.59	\$ 1,200.00	\$ 707.59
Employee + Family	\$ 2,382.60	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,457.45	\$ 1,200.00	\$ 1,257.45	

Employee Tenthly Benefit Cost

Full-time Classified Staff, Confidential/Management Staff and Board Members

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Kaiser Network	Platinum HMO							
	Employee Only	\$ 899.47	\$ 62.96	\$ 6.19	\$ 5.70	\$ 974.32	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,779.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,854.09	\$ 1,200.00	\$ 654.09
	Employee + Family	\$ 2,307.11	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,381.96	\$ 1,200.00	\$ 1,181.96
	Gold HMO							
	Employee Only	\$ 882.32	\$ 62.96	\$ 6.19	\$ 5.70	\$ 957.17	\$ 1,200.00	\$ -
	Employee + 1	\$ 13,744.97	\$ 62.96	\$ 6.19	\$ 5.70	\$ 13,819.82	\$ 1,200.00	\$ 12,619.82
	Employee + Family	\$ 2,262.54	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,337.39	\$ 1,200.00	\$ 1,137.39
	Silver HMO							
	Employee Only	\$ 869.63	\$ 62.96	\$ 6.19	\$ 5.70	\$ 944.48	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,719.56	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,794.41	\$ 1,200.00	\$ 594.41
	Employee + Family	\$ 2,229.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,304.38	\$ 1,200.00	\$ 1,104.38
	Bronze HMO							
	Employee Only	\$ 732.96	\$ 62.96	\$ 6.19	\$ 5.70	\$ 807.81	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,446.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,521.09	\$ 1,200.00	\$ 321.09
	Employee + Family	\$ 1,874.21	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,949.06	\$ 1,200.00	\$ 749.06
	Bronze HMO 2 w/ H S A							
	Employee Only	\$ 592.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 667.63	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,165.85	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,240.70	\$ 1,200.00	\$ 40.70
	Employee + Family	\$ 1,509.68	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,584.53	\$ 1,200.00	\$ 384.53
Medical Waivers w/DeltaCare USA	\$ -	\$ 62.96	\$ 6.19	\$ 5.70	\$ 74.85	\$ 74.85	\$ -	

Benefitfocus

2024 is a passive medical enrollment year. If employees wish to make changes to their medical plan, they MUST log in to Benefitfocus to enroll in their desired medical plan. Employees who do not wish to make changes to their current medical plan will NOT need to log in to Benefitfocus. The current medical plan will continue through 2024. Employees can also access their annual Compensation Statement through the Benefitfocus homepage. Please follow these steps to log into Benefitfocus and update your plan selections:

1. First, **access** the portal at <https://santeesdbenefits.hrintouch.com> to create your online account.
2. Select the **Create an Account** link to begin the account creation process. Enter the following required information into the corresponding fields:
 1. Last Name
 2. Date of Birth
 3. Last 4 digits of your SSN
3. Complete the **Security Check** and click **Next**.
4. Create your **Username and Password**. All required fields are indicated by an asterisk. After you enter all required information, please enter your email address and phone number (home/cell).
5. Create a **Secret Question and Answer**. You will be asked to provide multiple questions/answers.
6. Select **Save**.



Navigating the System

Once you log into the system, you can easily access your information from the Home page.

Viewing the Home Page

The first time you log in, you will see benefit enrollment information. You can begin enrolling in your benefits by selecting the **Get Started** button. You can also access other information, such as your Language Preferences, Dependents, and your Login information. Your access to the types of information you see on the Home page depends on preferences established for your company. You can explore the links on the Home page and make any necessary updates either before or after you enroll in your benefits.



Guiding You Through the Process

Here are the basic steps for completing your benefit elections:

1. Navigate from page to page by selecting the **Next** or **Previous** buttons.
2. Select **Cancel** on any screen to return to the Home page.

Note: If you have not completed and saved your benefit elections, you will receive a warning message, which allows you to return to your benefit elections to complete and save them before leaving the current screen.

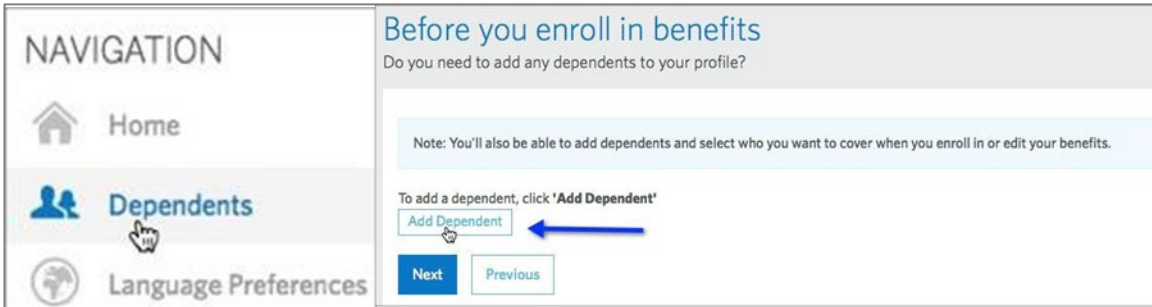
3. Save your elections on each benefit **Summary** page when you have entered all required information -> Look over your information closely. If you need to change any information, select the **Edit** links next to the corresponding section. Select **Save** once you have made all necessary changes.

In order to avoid unauthorized access to your information, you must safely end a session by selecting **Log Out**. After 15 minutes, the system will generate warning messages that indicate you will be logged out of the system due to inactivity. This warning message will provide you the opportunity to **Continue** or **Logout**.

Benefitfocus

Editing Your Dependents

From the Home page, you can select the *Dependents* icon to access current dependent information or add dependents to your profile. You can also add dependents as part of the benefit enrollment flow. Select the *Add Dependent* button and after updating each required field, select *Next*.

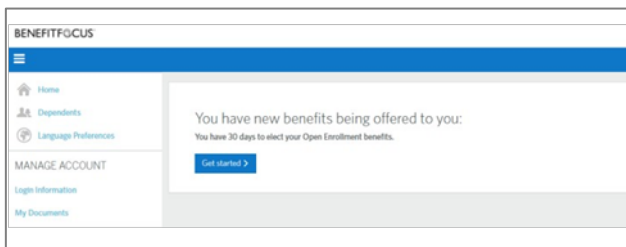


After entering dependent information, you may begin the benefit enrollment flow.

Enrolling In Your Benefits

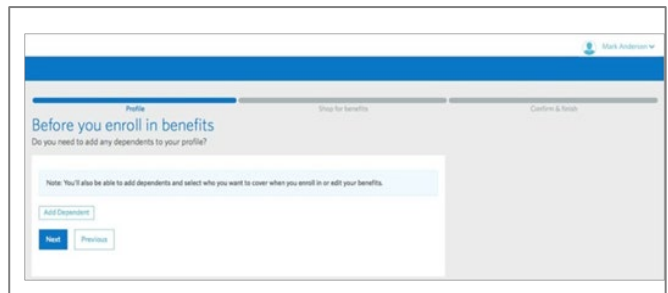
The Home page shows you the information you need to complete. Select the *Get Started* button to begin. The following are sample steps for completing a typical Medical benefit election. Note that your actual steps may vary, depending on the information required by your employer and the insurance carrier.

1. Select the *Get Started* button on the Home page.

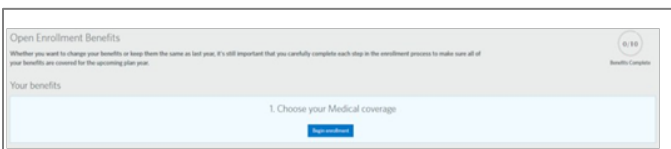


2. Choose one of the following options:

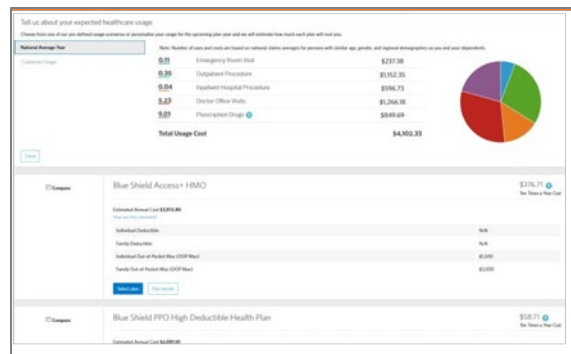
- Select the *Add Dependent* button if you need to add dependents to include in your benefit elections.
- Select *Next* to continue enrolling in benefits without adding dependents.



3. Select *Begin enrollment* to start enrollment.



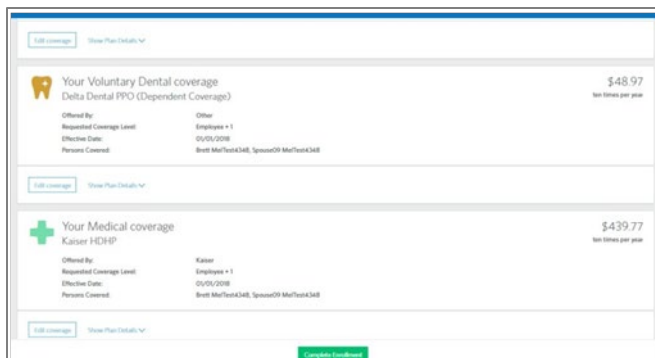
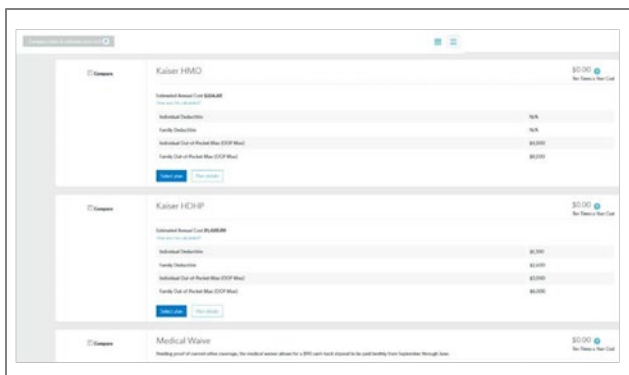
4. For each benefit type, review your benefit plan options. Please review the provided decision support tools, such as plan comparison, cost estimation, documents, videos and web links to help you choose a benefit plan:



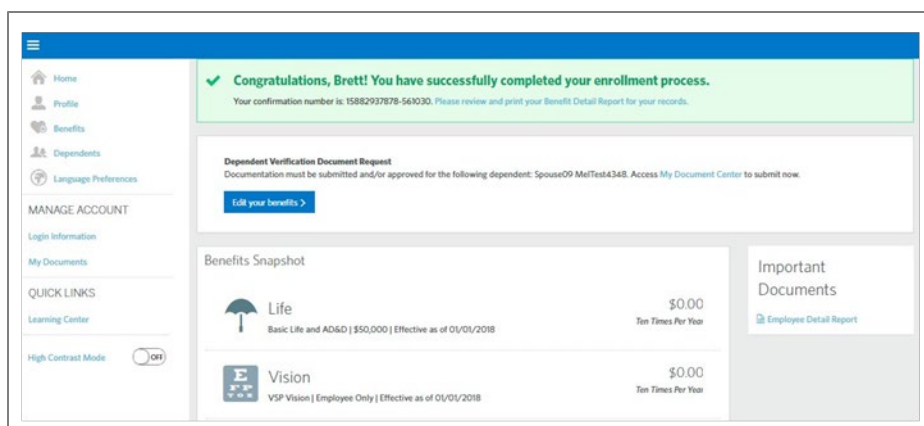
Benefitfocus

5. For each benefit type, click on the *Select Plan* button once you have decided on a benefit plan that best suits your needs.

6. Review your benefit election information. Expand any section to review more information and select the *Edit* link to make changes. Select *Complete Enrollment* once you have finished with your benefit enrollment process.



You will be returned to the Home page and receive the *Congratulations* message at the top of the screen. Please review and print your *Employee Detail Report* for your records. You may make any changes online or via the mobile app anytime during the Open Enrollment period.

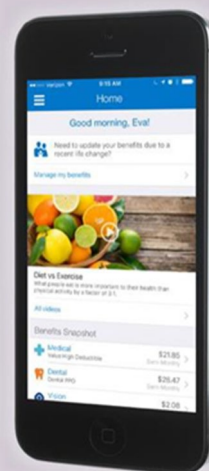


Manage Your Benefits From Your Phone with the Benefitfocus App!

- Enroll in your benefits and make updates during Open Enrollment
- Make qualified life event changes to your benefits any time
- Update your personal information
- Access an extensive library of educational videos
- Log in with secure, fingerprint authentication

Download the App Today!

1. Install the BenefitFocus App from Google Play or the Apple App Store
2. Enter your company ID: santeesdbenefits
3. Log into your benefits using the same username and password you use on your computer



How to Read Your PeopleSoft Paycheck

Here is a sample PeopleSoft paycheck stub. Descriptions of each area begin on the next page.

Public School District 1234 Main Street San Diego CA 92103 1A	Pay Group: 17M-Jammul-Dulzura Union Pay Group Pay Begin Date: 11/01/2014 Pay End Date: 11/30/2014 1B	Business Unit: 01700 Advice #: 000000000002315 Advice Date: 11/26/2014 1C																																																																																										
John Doe 123 State Street San Diego CA 92103	Employee ID: 123456 Department: 999-District Wide Location: Public School District 2	TAX DATA: Federal CA State Marital Status: Married H-of-H Allowances: 6 3 Addl. Percent: Addl. Amount: 3																																																																																										
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How to Read Your PeopleSoft Paycheck

Area	Description	Fields
1	<p>Payroll Information <i>Consists of payroll information.</i></p>	<ul style="list-style-type: none"> ▪ Employer name and business address ▪ Pay Group: M (Salaried Employee), P (Hourly Employee) R (Retired) <ul style="list-style-type: none"> ▪ Employee) ▪ Pay Begin Date and Pay End Date: The current monthly payroll cycle ▪ Business Unit: The school district’s identifier within San Diego County ▪ Advice Number: The number assigned to the employee’s pay advice, similar to a check number ▪ Advice Date: The date the funds are available
2	<p>Employee Information <i>Displays employee information.</i></p>	<ul style="list-style-type: none"> ▪ Employee Name: The name of the employee ▪ Employee Address: The address of the employee ▪ Employee ID: The employee’s issued employee identification number <ul style="list-style-type: none"> ▪ number ▪ Department: The employee’s primary department ▪ Location: The employee’s primary location
3	<p>Tax Data <i>Shows what the employee has designated for federal and state taxes, which determines how much Federal and California state taxes are withheld from a paycheck.</i></p>	<ul style="list-style-type: none"> ▪ Marital Status: Marital status of the employee for tax withholding purposes ▪ Allowances: Withholding allowances selected for Federal and State ▪ Addl Percent and Addl Amount: Additional withholdings
4	<p>Hours and Earnings <i>Reports the employee’s regular monthly salary and/or how many hours worked in the pay period, including overtime, holiday hours, and vacation hours.</i></p>	<ul style="list-style-type: none"> ▪ Regular monthly base salary: Includes base pay and any extra pay for bilingual stipends, master and doctoral stipends, longevity, credential stipends, etc. ▪ Additional Pays: Allowances such as auto allowance, insurance buy-out, equipment allowance or uniform allowance, etc., are individually identified and listed separately
5	<p>Taxes <i>Shows how much is being withheld for taxes.</i></p>	<ul style="list-style-type: none"> ▪ Fed Withholding: Federal income tax withheld ▪ Fed MED/EE: Employee portion of Medicare ▪ Fed OASDI/EE: Employee’s portion of Social Security
6	<p>Before and After Tax Deductions <i>Shows the before and after tax deductions.</i></p>	<ul style="list-style-type: none"> ▪ Before Tax Deductions: Items listed in this box are taken from the employee’s gross wages before taxes, these deductions reduce the Federal taxable wages and therefore the employee’s tax withholding ▪ After Tax Deductions: Items listed in this box are deducted from the employee’s gross wages and have no effect on the taxable wages

How to Read Your PeopleSoft Paycheck

Area	Description	Fields
7	Employer Paid Benefits <i>Shows employer paid benefits.</i>	<ul style="list-style-type: none">▪ If any amounts are included as taxable income they will be indicated with an asterisk.
8	Paycheck Summary <i>Displays a breakdown of current and year-to-date earnings, taxes, deductions, and net pay.</i>	<ul style="list-style-type: none">▪ The Current row refers to gross pay less current deductions. The YTD row refers to the total gross received for the calendar year and includes the current amount.▪ Total Gross: The gross pay received▪ Fed Taxable Gross: Gross pay minus any pre-pay deductions▪ Total Taxes: The total of Federal and State withholdings▪ Total Deductions: The total of the before tax and after tax deductions▪ Net Pay: The gross pay less deductions and tax withholdings paid to the employee
9	Absences Balances <i>Shows your absence balances for vacation, sick, personal necessity, and personal business.</i>	<ul style="list-style-type: none">▪ Balances are displayed in hours.
10	Net Pay Distribution <i>Shows net earnings for the pay period.</i>	<ul style="list-style-type: none">▪ If you have more than one account set up for direct deposit, each account and the amount of deposit will be shown



Contacts

Medical

Kaiser Permanente		
- HMO Member Services	kp.org	800.464.4000
- High Deductible Health Plans (HDHP)	kp.org	800.390.3507
- Appointment Services	kp.org	800.290.5000
- Pharmacy Services	kp.org/pharmacy	866.206.2938
- Virtual Care	kp.org	833.574.2273

Blue Shield

- Access+ HMO Member Services	blueshieldca.com	855.724.7698
- Trio-HMO Member Services	blueshieldca.com	855.724.7698
- PPO-Member Services	blueshieldca.com	855.724.7698
- Pharmacy Services	blushieldca.com/pharmacy	866.346.7200
- CSEBA Member Services	CSEBA@blueshieldca.com	
- Teladoc Appointment Services	teladoc.com/bsc	800.835.2362
- Shield Concierge	CSEBA@blueshieldca.com	855.724.7698

Chiropractic

American Specialty Health Plans (ASH)	www.ashlink.com	800.678.9133
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Advocacy & Employee Assistance (EAP)

Health Advocate (Advocacy & EAP)	Healthadvocate.com/cseba answers@healthadvocate.com	866.799.2728
EASE – Employee Assistance Service for Education (EAP)	Well.evernorth.com	888.736.7009

Wellness

Humana Go365	www.go365.com	800.708.1105
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Dental

Delta Dental		
- DeltaCare USA DHMO Member Services	www.deltadentalins.com	800.422.4234
- Delta Dental PPO Member Services	www.deltadentalins.com	866.499.3001

Vision

Vision Service Plan (VSP)		
- VSP Member Services	www.vsp.com	800.877.7195

Life/Accidental Death & Dismemberment (AD&D)

The Hartford		
- Member Services	www.thehartford.com	800.523.2233

Flexible Spending Accounts (FSA)

American Fidelity	www.afadvantage.com	800.325.0654
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Voluntary Benefits

American Fidelity	www.afadvantage.com	866.523.1857
The Standard (Certificated Employees Only)	www.standard.com	800.227.4165
Unum Long Term Care (LTC)	www.unum.com	
MetLife Legal	www.legalplans.com	800.821.6400

Benefit Changes, Elections & Costs

Benefitfocus Online Benefit Platform	https://santeesdbenefits.hrntouch.com	866.523.1857
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Human Resources / Benefits Administration – Active Employees, Retirees and COBRA

Lindsay Meyer, Benefits & Risk Management Specialist	Lindsay.meyer@santeesd.net	619.258.2313
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Glossary of Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document).

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay the coinsurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your Coinsurance payment of 20% would be \$20.

Copayment: A fixed amount (for example, \$20) you pay for a covered health care service, usually when you receive the service.

Deductible: The amount you owe for health care services your health insurance or plan covers before it begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

In-network Coinsurance: The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network Coinsurance usually costs you less than out-of-network coinsurance.

In-network Copayment: A fixed amount (for example, \$20) you pay for covered health care services to providers who contract with your health insurance or plan. In-network Copayments usually are less than out-of-network copayments.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

Out-of-network Coinsurance: The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network Copayment: A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-Pocket Maximum: The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them.

Preferred Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount.

Prescription Drug Formulary: A list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary. Some health insurance or plans do not cover non-formulary drugs or they are covered at a higher out-of-pocket cost.

Preventive Care: Recommended care you receive, based on age and gender, to prevent illnesses or diseases. It also includes counseling to prevent health problems. These services are usually provided at no cost if you use your primary care provider or preferred provider. Once you have received a diagnosis, services are no longer considered preventive.

Primary Care Physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Plan Documents

Important documents for our health plan are available on BenefitFocus. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Benefits Department.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on BenefitFocus.

- Kaiser Platinum HMO
- Kaiser Gold HMO
- Kaiser Silver HMO
- Kaiser Bronze HMO
- Kaiser Bronze II HMO HSA
- Blue Shield Platinum HMO Access+ Network
- Blue Shield Gold HMO Access+ Network
- Blue Shield Silver HMO Access+ Network
- Blue Shield Bronze HMO Access+ Network
- Blue Shield Platinum HMO Trio Network
- Blue Shield Gold HMO Trio Network
- Blue Shield Silver HMO Trio Network
- Blue Shield Bronze HMO Trio Network
- Blue Shield Gold PPO Full Network
- Blue Shield Silver PPO Full Network
- Blue Shield Silver Alternate HSA PPO Full Network
- Blue Shield Bronze HSA PPO Full Network
- Blue Shield Gold PPO Tandem Network
- Blue Shield Silver PPO Tandem Network
- Blue Shield Silver Alternate PPO HSA Tandem Network
- Blue Shield Bronze PPO HSA Tandem Network

Required Notices

The following is a brief description of the Annual Disclosure Notices that various state and federal laws require employers to provide annually to eligible plan participants. Please log in to the District's benefits enrollment portal to access the full disclosures. If you are unable to access these for any reason, please contact Human Resources for a printed copy.

Medicare Part D Creditable Coverage Notice states that Medicare prescription drug coverage became available in 2006 and that the prescription drug coverage offered by your employer is on average expected to pay out as much as standard Medicare coverage pays and is therefore considered Creditable Coverage.

Women's Health and Cancer Rights Act (WHCRA) of 1998 protects breast cancer patients who choose breast reconstruction with a mastectomy. The US Departments of Labor and Health and Human Services are in charge of this act of law, which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) protects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

HIPAA Notice of Special Enrollment Rights provides information on special enrollment periods (outside of Open Enrollment) for loss of prior coverage or addition of a new dependent.

HIPAA – Notice of Privacy Practices

This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

Notice of Choice of Providers states that you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

Wellness Program Disclosures:

- **Genetic Information Nondiscrimination Act (GINA)** prohibits employers from requesting or requiring genetic information. Any receipt of genetic information will be deemed inadvertent and not a violation.
- **Americans with Disabilities Act (ADA)** reviews what information will be collected, with whom it will be shared and for what purpose, the limits on disclosure and the way information will be kept confidential.
- **Health Insurance Portability and Accountability Act (HIPAA)** states that employers must offer reasonable alternative standards to earn a program incentive.

Children's Health Insurance Program (CHIP) Notice provides information on how to contact your state Medicaid office (where applicable) to receive information on assistance if you are eligible for health coverage from your employer but are unable to afford the premiums.

ACA Disclaimer

This notice is intended to inform employees that this offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

The "No Surprises" Rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers..

General Notice of COBRA Continuation explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.

Health Insurance Marketplace Notice provides basic information about the Marketplace that was established in 2014 and employment-based health coverage offered by your employer.



Notes



Notes



Notes



The information in this Benefits Summary is presented for illustrative purposes. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have any questions about this summary, contact the Employee Benefits Department.