



## Summary of Premium Costs and Contributions for Health & Welfare Benefits

Effective Jul 1, 2024 - June 30, 2025

Health & Welfare Benefit Plan	Grp	Tier	Total Monthly Premium (12)	Total Annual Premium	AFT & MGT Employee Tenthly Contribution*	AFT & MGT Employee Annual Contribution*	District Annual Contribution to AFT & MGT Premiums*	CCFA Employee Tenthly Contribution**	CCFA Employee Annual Contribution**	District Annual Contribution to CCFA Premiums**
<b>MEDICAL</b>										
<b>Anthem Blue Cross PPO (with MH/SA)</b>	All	Employee	\$ 1,565.18	\$ 18,782.16	\$ 75.13	\$ 751.30	\$ 18,030.86	\$ 49.66	\$ 496.60	\$ 18,285.56
\$350/\$1050 deductible/\$20 office visit co-pay/\$100 ER co-pay; drugs-retail:30 days: \$15/\$25/\$35 co-pay mail order: 90 days: \$15/\$50/\$70 co-pay		Employee + 1	\$ 2,637.56	\$ 31,650.72	\$ 189.90	\$ 1,899.00	\$ 29,751.72	\$ 125.52	\$ 1,255.20	\$ 30,395.52
		Family	\$ 2,835.09	\$ 34,021.08	\$ 272.17	\$ 2,721.70	\$ 31,299.38	\$ 179.93	\$ 1,799.30	\$ 32,221.78
<b>Anthem Blue Cross HMO (with MH/SA)</b>	All	Employee	\$ 938.64	\$ 11,263.68	\$ 45.05	\$ 450.50	\$ 10,813.18	\$ 27.33	\$ 273.30	\$ 10,990.38
PCP/Specialist by referral /\$20 office visit co-pay/\$100 ER co-pay; drugs-retail: 30 days: \$15/\$25/\$35 co-pay mail order: 90 days: \$15/\$50/\$70 co-pay		Employee + 1	\$ 1,877.31	\$ 22,527.72	\$ 135.17	\$ 1,351.70	\$ 21,176.02	\$ 81.99	\$ 819.90	\$ 21,707.82
		Family	\$ 2,675.07	\$ 32,100.84	\$ 256.81	\$ 2,568.10	\$ 29,532.74	\$ 155.78	\$ 1,557.80	\$ 30,543.04
<b>Kaiser Permanente (with MH/SA)</b>	All	Employee	\$ 775.03	\$ 9,300.36	\$ 37.20	\$ 372.00	\$ 8,928.36	\$ 26.09	\$ 260.90	\$ 9,039.46
\$20 office visit co-pay/\$100 ER co-pay/PCP, Specialist by referral; drugs: \$15/\$15 co-pay up to 100 days		Employee + 1	\$ 1,550.06	\$ 18,600.72	\$ 111.60	\$ 1,116.00	\$ 17,484.72	\$ 78.27	\$ 782.70	\$ 17,818.02
		Family	\$ 2,193.33	\$ 26,319.96	\$ 210.56	\$ 2,105.60	\$ 24,214.36	\$ 147.66	\$ 1,476.60	\$ 24,843.36
<b>EAP</b>										
<b>Anthem EAP</b>	All	Employee	\$ 1.55	\$ 18.60	\$ 0.07	\$ 0.70	\$ 17.90	\$ 1.33	\$ 13.30	\$ 5.30
Employee Assistance Program		Employee + 1	\$ 1.55	\$ 18.60	\$ 0.11	\$ 1.10	\$ 17.50	\$ 2.00	\$ 20.00	\$ (1.40)
		Family	\$ 1.55	\$ 18.60	\$ 0.15	\$ 1.50	\$ 17.10	\$ 2.66	\$ 26.60	\$ (8.00)
<b>DENTAL</b>										
<b>Delta Dental PPO (Excludes Orthodontia)</b>	All	Employee	\$ 57.33	\$ 687.96	\$ 2.75	\$ 27.50	\$ 660.46	\$ 3.28	\$ 32.80	\$ 655.16
\$25/\$75 deductible/70% - 100% incentive plan \$2,200 in PPO network, \$2,000 out-of-network Orthodontia not covered		Employee + 1	\$ 97.45	\$ 1,169.40	\$ 7.02	\$ 70.20	\$ 1,099.20	\$ 8.38	\$ 83.80	\$ 1,085.60
		Family	\$ 149.00	\$ 1,788.00	\$ 14.30	\$ 143.00	\$ 1,645.00	\$ 17.08	\$ 170.80	\$ 1,617.20
<b>Delta Dental HMO (DeltaCare)</b>	All	Employee	\$ 28.18	\$ 338.16	\$ 1.35	\$ 13.50	\$ 324.66	\$ 1.27	\$ 12.70	\$ 325.46
Prepaid dental benefit; must use DHMO network Orthodontia: <age 19=\$1,300 co-pay; 19+=\$1,600 co-pay		Employee + 1	\$ 46.60	\$ 559.20	\$ 3.36	\$ 33.60	\$ 525.60	\$ 3.16	\$ 31.60	\$ 527.60
		Family	\$ 70.07	\$ 840.84	\$ 6.73	\$ 67.30	\$ 773.54	\$ 6.34	\$ 63.40	\$ 777.44
<b>VISION</b>										
<b>VSP (Vision Service Plan)</b>	All	Employee	\$ 6.59	\$ 79.08	\$ 0.32	\$ 3.20	\$ 75.88	\$ 0.38	\$ 3.80	\$ 75.28
\$10 co-pay, exam & lenses once per plan year frames every other plan year		Employee + 1	\$ 13.28	\$ 159.36	\$ 0.96	\$ 9.60	\$ 149.76	\$ 1.15	\$ 11.50	\$ 147.86
		Family	\$ 21.19	\$ 254.28	\$ 2.03	\$ 20.30	\$ 233.98	\$ 2.45	\$ 24.50	\$ 229.78
<b>EMPLOYEE LIFE and AD&amp;D INSURANCE</b>										
<i>District Provided GTL is for Active Benefit Eligible Employees Only (no dependent coverage) and is not a part of the calculation of EE contributions</i>										
<b>Anthem Blue Cross Life and AD&amp;D combined with UNUM Life and AD&amp;D</b>	All		\$ 25,000.00	\$ 5.00	\$ 60.00		\$ 60.00			\$ 60.00
	All		\$ 75,000.00	\$ 15.00	\$ 180.00		\$ 180.00			\$ 180.00
District provided: \$100,000+add'l \$100,000 if death is accidental			\$ 100,000.00	\$ 20.00	\$ 240.00		\$ 240.00			\$ 240.00

#District is self-insured for the Dental PPO and VSP. Premium tiers are the maximum funding liability level per employee based on claims actuarial projection by Benefits Consultant.

### Annual Premium Cost Per Employee Using Highest Cost Plans (BCPPO, EAP, DPPO & VSP)

Grp*	Tier	Tot. Prem. Cost	Tot. EE Cost	Tot Dist. Cost	Dist Cost w/Life
AFT & MGT	EE Only	\$ 19,567.80	\$ 782.70	\$ 18,785.10	\$ 19,025.10
	EE + 1	32,998.08	1,979.90	31,018.18	31,258.18
	Family	36,081.96	2,886.50	33,195.46	33,435.46

\*AFT/MGT: EE contributions are 4%, 6% or 8% of prevailing rates. Effective Jan 1, 2021, Mental Health / Substance Abuse (MH/SA) services are based on the medical benefits of your selected carrier.

Grp**	Tier	Tot. Prem. Cost	Tot. EE Cost	Tot Dist. Cost	Dist Cost w/Life
CCFA	EE Only	19,567.80	546.50	19,021.30	19,261.30
	EE + 1	32,998.08	1,370.50	31,627.58	31,867.58
	Family	36,081.96	2,021.20	34,060.76	34,300.76

\*\*CCFA: EE contributions are 4%, 6% or 8% of 2014/2015 rates.