

# Center Joint Unified School District

## Health Plan Premiums

### Effective January 1, 2024

PLAN	12-Month Employees			11-Month Employees			10-Month Employees		
	District Cost	Employee Cost*	Total	District Cost	Employee Cost*	Total	District Cost	Employee Cost*	Total
<b>Kaiser HMO High Option</b>									
Employee only	675.00	331.79	1,006.79	736.36	361.95	1,098.32	810.00	398.15	1,208.15
Employee + 1	970.00	1,144.27	2,114.27	1,058.18	1,248.29	2,306.48	1,164.00	1,373.12	2,537.12
Employee + family	1,350.00	1,670.37	3,020.37	1,472.73	1,822.22	3,294.95	1,620.00	2,004.44	3,624.44
<b>Kaiser HDHP (\$2,000/\$4,000 Deductible)</b>									
Employee only	671.86	0.00	671.86	732.94	0.00	732.94	806.23	0.00	806.23
Employee + 1	970.00	440.90	1,410.90	1,058.18	480.98	1,539.16	1,164.00	529.08	1,693.08
Employee + family	1,350.00	665.57	2,015.57	1,472.73	726.08	2,198.80	1,620.00	798.68	2,418.68
<b>SHP - HMO High Option</b>									
Employee only	675.00	218.50	893.50	736.36	238.36	974.73	810.00	262.20	1,072.20
Employee + 1	970.00	906.00	1,876.00	1,058.18	988.36	2,046.55	1,164.00	1,087.20	2,251.20
Employee + family	1,350.00	1,330.10	2,680.10	1,472.73	1,451.02	2,923.75	1,620.00	1,596.12	3,216.12
<b>SHP - HDHP (\$1,600/\$3,200 Deductible)</b>									
Employee only	675.00	43.90	718.90	736.36	47.89	784.25	810.00	52.68	862.68
Employee + 1	970.00	539.80	1,509.80	1,058.18	588.87	1,647.05	1,164.00	647.76	1,811.76
Employee + family	1,350.00	806.70	2,156.70	1,472.73	880.04	2,352.76	1,620.00	968.04	2,588.04
<b>WHA - HMO High Option</b>									
Employee only	675.00	132.55	807.55	736.36	144.60	880.96	810.00	159.06	969.06
Employee + 1	970.00	721.87	1,691.87	1,058.18	787.49	1,845.68	1,164.00	866.24	2,030.24
Employee + family	1,350.00	1,065.37	2,415.37	1,472.73	1,162.22	2,634.95	1,620.00	1,278.44	2,898.44
<b>WHA - HDHP (\$1,800/\$3,600 Deductible)</b>									
Employee only	585.50	0.00	585.50	638.73	0.00	638.73	702.60	0.00	702.60
Employee + 1	970.00	256.68	1,226.68	1,058.18	280.01	1,338.20	1,164.00	308.02	1,472.02
Employee + family	1,350.00	401.24	1,751.24	1,472.73	437.72	1,910.44	1,620.00	481.49	2,101.49
<b>Delta Dental - Composite (family) rate</b>									
Incentive Plan	116.45	26.52	142.97	127.04	28.93	155.97	139.74	31.82	171.56
PPO - Classified	95.13	7.24	102.37	103.78	7.90	111.68	114.16	8.69	122.84
PPO - Certificated	104.05	15.50	119.55	113.51	16.91	130.42	124.86	18.60	143.46
<b>Vision Service Plan - Composite (family) rate</b>									
VSP Signature	19.99	10.43	30.42	21.81	11.38	33.19	23.99	12.52	36.51

#### Health Savings Account (HSA)

\*District contribution for employee-only HDHP coverage.

The combined HDHP & HSA District contribution not to exceed \$675.00/mo. \*

Plan	12 contributions	11 contributions	10 contributions
KAISER - HDHP	3.14	3.43	3.77
SHP - HDHP	-	-	-
WHA - HDHP	89.50	97.64	107.40

#### Cash-in-Lieu of Medical Coverage by Group

1. Certificated (CUTA) CIL eliminated 1/1/2006.
2. Certificated/Cert Exec Mgmt CIL \$150.00 frozen 1/1/2004.
3. Classified (CSEA) CIL \$258.51 frozen 1/1/2005.
4. Classified/Class Exec Mgmt/Confidential CIL \$258.51 frozen 1/1/2004.

#### 2024 Plan Year Changes

1. Kaiser High Option premium increase 16.39%; HDHP increase 16.45%.
2. SHP High Option premium increase 15.83%; HDHP increase 16.06%.
3. WHF High Option premium increase 5.94%; HDHP increase 4.89%.
4. Delta Dental & VSP - rate pass, no increase.
5. Due to rate increases, District HSA contributions have been reduced or eliminated.

\*Employee cost is based on full-time equivalency