

CSEA, SEIU & Unrepresented	Renewal Rates Effective 10/01/2023 (monthly)		
	Total Premium	District Contribution	Employee Contribution
Kaiser Permanente Traditional Plan			
Employee Only	\$1,103.00	\$1,500.00	\$0.00
Employee + 1	\$2,156.00	\$2,200.00	\$0.00
Family	\$3,034.00	\$2,700.00	\$334.00
Kaiser Permanente Deductible Plan			
Employee Only	\$982.00	\$1,500.00	\$0.00
Employee + 1	\$1,921.00	\$2,200.00	\$0.00
Family	\$2,703.00	\$2,700.00	\$3.00
Kaiser - High Deductible/Health Saving \$1,500 90%			
Employee	\$870.00	\$1,500.00	\$0.00
Employee + 1	\$1,701.00	\$2,200.00	\$0.00
Family	\$2,393.00	\$2,700.00	\$0.00
Blue Shield - 100% Plan A			
Employee	\$1,480.00	\$1,500.00	\$0.00
Employee + 1	\$2,913.00	\$2,200.00	\$713.00
Family	\$4,109.00	\$2,700.00	\$1,409.00
Blue Shield - 80% Plan K			
Employee	\$1,109.00	\$1,500.00	\$0.00
Employee + 1	\$2,179.00	\$2,200.00	\$0.00
Family	\$3,071.00	\$2,700.00	\$371.00
Blue Shield - High Deductible/Health Saving \$1,500 90%			
Employee	\$997.00	\$1,500.00	\$0.00
Employee + 1	\$1,954.00	\$2,200.00	\$0.00
Family	\$2,751.00	\$2,700.00	\$51.00
Delta Dental			
Composite Rate - CSEA and Unrep.	\$145.00	\$145.00	\$0.00
VSP			
Composite Rate	\$10.40	\$10.40	\$0.00