

Open Enrollment 2023-FT UPM

| Full-Time Faculty  | Renewal Rates Effective 10/01/2023<br>(monthly) |                       |                       |
|--|---|-----------------------|-----------------------|
|  | Total Premium                                   | District Contribution | Employee Contribution |
| <b>Kaiser Permanente Traditional Plan</b>                      |   |                       |                       |
| Employee Only  | \$1,103.00                                      | \$1,103.00            | \$0.00                |
| Employee + 1   | \$2,156.00                                      | \$2,100.00            | \$56.00               |
| Family   | \$3,034.00                                      | \$2,100.00            | \$934.00              |
| <b>Kaiser Permanente Deductible Plan</b>                       |   |                       |                       |
| Employee Only  | \$982.00  | \$982.00              | \$0.00                |
| Employee + 1   | \$1,921.00                                      | \$1,921.00            | \$0.00                |
| Family   | \$2,703.00                                      | \$2,100.00            | \$603.00              |
| <b>Kaiser - High Deductible/Health Saving \$1,500 90%</b>      |   |                       |                       |
| Employee   | \$870.00  | \$870.00              | \$0.00                |
| Employee + 1   | \$1,701.00                                      | \$1,701.00            | \$0.00                |
| Family   | \$2,393.00                                      | \$2,100.00            | \$293.00              |
| <b>Blue Shield - 100% Plan A</b>                               |   |                       |                       |
| Employee   | \$1,480.00                                      | \$1,480.00            | \$0.00                |
| Employee + 1   | \$2,913.00                                      | \$2,100.00            | \$813.00              |
| Family   | \$4,109.00                                      | \$2,100.00            | \$2,009.00            |
| <b>Blue Shield - 80% Plan K</b>                                |   |                       |                       |
| Employee   | \$1,109.00                                      | \$1,109.00            | \$0.00                |
| Employee + 1   | \$2,179.00                                      | \$2,100.00            | \$79.00               |
| Family   | \$3,071.00                                      | \$2,100.00            | \$971.00              |
| <b>Blue Shield - High Deductible/Health Saving \$1,500 90%</b> |   |                       |                       |
| Employee   | \$997.00  | \$997.00              | \$0.00                |
| Employee + 1   | \$1,954.00                                      | \$1,954.00            | \$0.00                |
| Family   | \$2,751.00                                      | \$2,100.00            | \$651.00              |
| <b>Delta Dental</b>  |   |                       |                       |
| Composite Rate - UPM   | \$145.00  | \$145.00              | \$0.00                |
| <b>VSP</b>   |   |                       |                       |
| Composite Rate   | \$10.40   | \$10.40               | \$0.00                |
| <b>Full-Time District Contribution - Medical</b>               | \$ 2,100.00                                     |                       |                       |