

<b>CSEA, SEIU, Unrepresented, BOT</b>	<b>Renewal Rates Effective 10/01/2024 (monthly)</b>		
	<b>Total Premium</b>	<b>District Contribution</b>	<b>Employee Contribution</b>
<b>Kaiser Permanente Traditional Plan</b>			
Employee	\$1,199.00	\$1,199.00	\$0.00
Employee + 1	\$2,346.00	\$2,300.00	\$46.00
Family	\$3,301.00	\$2,800.00	\$501.00
<b>Kaiser Permanente Deductible Plan</b>			
Employee	\$1,069.00	\$1,069.00	\$0.00
Employee + 1	\$2,090.00	\$2,090.00	\$0.00
Family	\$2,941.00	\$2,800.00	\$141.00
<b>Kaiser - High Deductible/Health Saving \$1,700 90%</b>			
Employee	\$946.00	\$946.00	\$0.00
Employee + 1	\$1,849.00	\$1,849.00	\$0.00
Family	\$2,602.00	\$2,602.00	\$0.00
<b>Blue Shield - 100% Plan A</b>			
Employee	\$1,554.00	\$1,554.00	\$0.00
Employee + 1	\$3,061.00	\$2,300.00	\$761.00
Family	\$4,319.00	\$2,800.00	\$1,519.00
<b>Blue Shield - 80% Plan K</b>			
Employee	\$1,164.00	\$1,164.00	\$0.00
Employee + 1	\$2,290.00	\$2,290.00	\$0.00
Family	\$3,227.00	\$2,800.00	\$427.00
<b>Blue Shield - High Deductible/Health Saving \$1,700 90%</b>			
Employee	\$1,046.00	\$1,046.00	\$0.00
Employee + 1	\$2,053.00	\$2,053.00	\$0.00
Family	\$2,891.00	\$2,800.00	\$91.00
<b>Delta Dental</b>			
Composite Rate - CSEA and Unrep.	\$145.00	\$145.00	\$0.00
<b>VSP</b>			
Composite Rate	\$10.40	\$10.40	\$0.00