



## Classified CSEA 262 and Auxiliary Employees ONLY

### 2021-2022 Benefit Plan Premiums and District Contribution Benefit Year: October 1, 2021 – September 30, 2022

If you are adding a dependent, verification **must** be provided to Human Resources.

- Dependent Verification documents for adding spouse or domestic partner include; Filed Tax return showing joint filing.
- Dependent verification documents for children include: Birth Certificate, Adoption Paperwork or Document Granting Legal Guardianship by the court, up until age 18.

<b>Classified CSEA 262 &amp; Auxiliary Monthly District Contribution</b>		
<b>Single-Party</b>	<b>Two-Party</b>	<b>Family</b>
\$912.17	\$1,451.57	\$1,864.57

	Single-Party	Two-Party	Family
<b>Medical Plans</b>			
<b>HMO</b>			
Kaiser Permanente \$15; Rx \$5-20 (30 Day)	\$688.00	\$1,376.00	\$1,789.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day)	\$736.00	\$1,472.00	\$1,914.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day)	\$723.00	\$1,433.00	\$1,870.00
Blue Shield Full Network \$10; Rx \$5-20 (30 Day)	\$752.00	\$1,494.00	\$1,950.00
<b>PPO</b>			
Blue Shield 90G \$20; Rx \$5-20 (30 Day)	\$803.00	\$1,599.00	\$2,087.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day)	\$931.00	\$1,863.00	\$2,433.00
Blue Shield 2-Tier Anchor Bronze (Spouses are not eligible)	\$490.00	\$999.00	\$999.00
<b>Dental Plan</b>	<b>Composite</b>		
DeltaCare HMO	\$37.87		
Delta Dental PPO Plan 1500; \$2,000 Orthodontics	\$107.40		
Delta Dental PPO Incentive Plan Unlimited; \$2,000 Orthodontics	\$149.40		
<b>Vision Plan</b>	<b>Composite</b>		
VSP Signature Plan C, Single \$0 Copay	\$27.70		
<b>Basic Life Insurance</b>	<b>Composite</b>		
MetLife Basic Life and AD&D - \$75,000	\$10.00		