



## Classified CSEA 651 Employees ONLY

2023-2024 Benefit Plan Premiums and District Contribution  
 Benefit Year: October 1, 2023 – September 30, 2024

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.

Classified CSEA 651 Monthly District Contribution		
Single-Party	Two-Party	Family
\$1,050.69	\$1,659.37	\$2,134.37

	Single-Party	Two-Party	Family
<b>Medical Plans</b>			
<b>HMO</b>			
Kaiser Permanente \$15; Rx \$5-20 (30 Day) 234480-0089ALN	\$793.00	\$1,586.00	\$2,061.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day) 234480-0088ALN	\$848.00	\$1,696.00	\$2,255.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day) 701071H031001	\$815.00	\$1,622.00	\$2,117.00
Blue Shield Full Network \$10; Rx \$5-20 (30 Day) 701071H011001	\$849.00	\$1,693.00	\$2,209.00
<b>PPO</b>			
Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021001	\$905.00	\$1,806.00	\$2,358.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day) 701070P011001	\$1,052.00	\$2,110.00	\$2,756.00
Blue Shield 2-Tier Anchor Bronze (Spouses are not eligible) 701070P061001	\$543.00	\$1,064.00	\$1,064.00
<b>Dental Plan</b>	<b>Composite</b>		
DeltaCare HMO 71691 06013	\$37.87		
Delta Dental PPO Plan 1500; \$2,000 Orthodontics 7079 3006	\$101.40		
Delta Dental PPO Incentive Plan Unlimited; \$2,000 Orthodontics 7079 3005	\$140.40		
<b>Vision Plan</b>	<b>Composite</b>		
VSP Signature Plan C, Single \$0 Copay 2978585A	\$25.50		
<b>Basic Life Insurance</b>	<b>Composite</b>		
MetLife Basic Life and AD&D - \$75,000	\$10.00		