

SISC Health Benefit Increase for 2021-2022 Plan Year

Current: October 1, 2020 through September 30, 2021

EE Unit		Single	2 Party	Family	Composite	
Medical Plan Monthly Rates						Annual District Contribution
All	Kaiser Permanente \$15 OV; Rx \$5-20 (30 Day)	\$ 687.00	\$ 1,374.00	\$ 1,787.00		EE Group
Classified	Kaiser Permanente \$0 OV; Rx \$5-20 (30 Day)	\$ 735.00	\$ 1,471.00	\$ 1,912.00		Single
All	Blue Shield Full Network \$10-0; Rx \$5-20 (30 Day)	\$ 724.00	\$ 1,440.00	\$ 1,879.00		Two-Party
All	Blue Shield Trio Network \$10-0; Rx \$5-20 (30 Day)	\$ 696.00	\$ 1,381.00	\$ 1,802.00		Family
All	Blue Shield 100A \$10; Rx \$5-20 (30 Day)	\$ 916.00	\$ 1,836.00	\$ 2,398.00		CSEA 262 - Unit A
All	Blue Shield 90G \$20; Rx \$5-20 (30 Day)	\$ 786.00	\$ 1,566.00	\$ 2,044.00		CSEA 651 - Unit B
Management	Blue Shield 80G \$20; Rx \$5-20 (30 Day)	\$ 727.00	\$ 1,445.00	\$ 1,886.00		Management
All	Blue Shield 2-Tier Anchor Bronze	\$ 481.00	\$ 981.00	\$ 981.00		Confidential
Dental Plan Monthly Rates						
All	Delta Care HMO				\$ 37.13	
All	Delta PPO 1500; \$2,000 Orthodontics				\$ 107.40	
All	Delta PPO Unlimited; \$2,000 Orthodontics				\$ 149.40	
Vision Plan Monthly Rates						Monthly District Contribution
All	VSP Signature Plan C, Single \$0 Copay				\$ 27.70	EE Group
Basic Life Insurance Monthly Rates						Single
All	MetLife Basic Life and AD&D - \$75,000				\$ 10.00	Two-Party
						Family

New Rates October 1, 2021 through September 30, 2022

EE Unit		Single	2 Party	Family	Composite	
Medical Plan Monthly Rates						Annual District Contribution
All	Kaiser Permanente \$15 OV; Rx \$5-20 (30 Day)	\$ 688.00	\$ 1,376.00	\$ 1,789.00		EE Group
Classified	Kaiser Permanente \$0 OV; Rx \$5-20 (30 Day)	\$ 736.00	\$ 1,472.00	\$ 1,914.00		Single
All	Blue Shield Full Network \$10-0; Rx \$5-20 (30 Day)	\$ 752.00	\$ 1,494.00	\$ 1,950.00		Two-Party
All	Blue Shield Trio Network \$10-0; Rx \$5-20 (30 Day)	\$ 723.00	\$ 1,433.00	\$ 1,870.00		Family
All	Blue Shield 100A \$10; Rx \$5-20 (30 Day)	\$ 931.00	\$ 1,863.00	\$ 2,433.00		CSEA 262 - Unit A
All	Blue Shield 90G \$20; Rx \$5-20 (30 Day)	\$ 803.00	\$ 1,599.00	\$ 2,087.00		CSEA 651 - Unit B
Management	Blue Shield 80G \$20; Rx \$5-20 (30 Day)	\$ 741.00	\$ 1,470.00	\$ 1,918.00		Management
All	Blue Shield 2-Tier Anchor Bronze	\$ 490.00	\$ 999.00	\$ 999.00		Confidential
Dental Plan Monthly Rates						
All	Delta Care HMO				\$ 37.87	
All	Delta PPO 1500; \$2,000 Orthodontics				\$ 107.40	
All	Delta PPO Unlimited; \$2,000 Orthodontics				\$ 149.40	
Vision Plan Monthly Rates						Monthly District Contribution
All	VSP Signature Plan C, Single \$0 Copay				\$ 27.70	EE Group
Basic Life Insurance Monthly Rates						Single
All	MetLife Basic Life and AD&D - \$75,000				\$ 10.00	Two-Party
						Family

SISC Health Benefit Increase for 2021-2022 Plan Year

Difference in Cost between Current and New Rates					
EE Unit		Single	2 Party	Family	Composite
Medical Plan Monthly Rates					
All	Kaiser Permanente \$15 OV; Rx \$5-20 (30 Day)	\$ 1.00	\$ 2.00	\$ 2.00	
Classified	Kaiser Permanente \$0 OV; Rx \$5-20 (30 Day)	\$ 1.00	\$ 1.00	\$ 2.00	
All	Blue Shield Full Network \$10-0; Rx \$5-20 (30 Day)	\$ 28.00	\$ 54.00	\$ 71.00	
All	Blue Shield Trio Network \$10-0; Rx \$5-20 (30 Day)	\$ 27.00	\$ 52.00	\$ 68.00	
All	Blue Shield 100A \$10; Rx \$5-20 (30 Day)	\$ 15.00	\$ 27.00	\$ 35.00	
All	Blue Shield 90G \$20; Rx \$5-20 (30 Day)	\$ 17.00	\$ 33.00	\$ 43.00	
Management	Blue Shield 80G \$20; Rx \$5-20 (30 Day)	\$ 14.00	\$ 25.00	\$ 32.00	
All	Blue Shield 2-Tier Anchor Bronze	\$ 9.00	\$ 18.00	\$ 18.00	
Dental Plan Monthly Rates					
All	Delta Care HMO				\$ 0.74
All	Delta PPO 1500; \$2,000 Orthodontics				\$ -
All	Delta PPO Unlimited; \$2,000 Orthodontics				\$ -
Vision Plan Monthly Rates					
All	VSP Signature Plan C, Single \$0 Copay				\$ -
Basic Life Insurance Monthly Rates					
All	MetLife Basic Life and AD&D - \$75,000				\$ -

Annual District Contribution			
EE Group	Single	Two-Party	Family
CSEA 262 - Unit A	\$0.00	\$32.88	\$32.88
CSEA 651 - Unit B	\$0.00	\$32.88	\$32.88
Management	\$20.88	\$32.88	\$32.88
Confidential	\$0.00	\$32.88	\$32.88

Monthly District Contribution			
EE Group	Single	Two-Party	Family
CSEA 262 - Unit A	\$0.00	\$2.74	\$2.74
CSEA 651 - Unit B	\$0.00	\$2.74	\$2.74
Management	\$1.74	\$2.74	\$2.74
Confidential	\$0.00	\$2.74	\$2.74

Percentage Increase/Decrease between Current and New Rates					
EE Unit		Single	2 Party	Family	Composite
Medical Plan					
All	Kaiser Permanente \$15 OV; Rx \$5-20 (30 Day)	0.15%	0.15%	0.11%	
Classified	Kaiser Permanente \$0 OV; Rx \$5-20 (30 Day)	0.14%	0.07%	0.10%	
All	Blue Shield Full Network \$10-0; Rx \$5-20 (30 Day)	3.87%	3.75%	3.78%	
All	Blue Shield Trio Network \$10-0; Rx \$5-20 (30 Day)	3.88%	3.77%	3.77%	
All	Blue Shield 100A \$10; Rx \$5-20 (30 Day)	1.64%	1.47%	1.46%	
All	Blue Shield 90G \$20; Rx \$5-20 (30 Day)	2.16%	2.11%	2.10%	
Management	Blue Shield 80G \$20; Rx \$5-20 (30 Day)	1.93%	1.73%	1.70%	
All	Blue Shield 2-Tier Anchor Bronze	1.87%	1.83%	1.83%	
Dental Plan					
All	Delta Care HMO				1.99%
All	Delta PPO 1500; \$2,000 Orthodontics				0.00%
All	Delta PPO Unlimited; \$2,000 Orthodontics				0.00%
Vision Plan					
All	VSP Signature Plan C, Single \$0 Copay				0.00%
Basic Life Insurance					
All	MetLife Basic Life and AD&D - \$75,000				0.00%

Annual District Contribution			
EE Group	Single	Two-Party	Family
CSEA 262 - Unit A	0.00%	0.19%	0.15%
CSEA 651 - Unit B	0.00%	0.19%	0.15%
Management	0.23%	0.19%	0.15%
Confidential	0.00%	0.19%	0.15%

Monthly District Contribution			
EE Group	Single	Two-Party	Family
CSEA 262 - Unit A	0.00%	0.19%	0.15%
CSEA 651 - Unit B	0.00%	0.19%	0.15%
Management	0.23%	0.19%	0.15%
Confidential	0.00%	0.19%	0.15%