HOLTVILLE UNIFIED SCHOOL DISTRICT CSEA STAFF

HEALTH/WELFARE BENEFITS (2022-23)

HEALTH/WELFARE BENEFITS (20)22-	23)				
			Aı	nnual Cost		
Coverage		Single		+ 1		+ Family
SISC Plan "A" - 100%	\$	11,952.00	\$	20,532.00	\$	23,664.00
Broker Fee	\$	72.00	\$	72.00	\$	
Dental	\$	389.52	\$	1,173.24		1,173.24
MES*	\$ \$	93.00	\$	186.00	\$	239.40
\$15,000 Life Insurance	\$	17.16	\$	17.16	\$	
Total Annual Premiums		12,523.68		21,980.40		25,165.80
Max District Contribution		10,183.68		10,183.68		10,183.68
Net Employee Annual Cost	\$	2,340.00		11,796.72		14,982.12
			Λ.	nnual Cost		
Coverage		Single	A	+ 1		+ Family
SISC Plan "B" - 90%	\$	11,388.00	\$	19,560.00	\$	22,692.00
Broker Fee		72.00	\$	72.00	\$	72.00
Dental Dental	\$	389.52	\$	1,173.24	\$	1,173.24
MES*	\$ \$ \$	93.00	\$	186.00	\$	239.40
\$15,000 Life Insurance	\$	17.16	\$	17.16	\$	17.16
Total Annual Premiums	<u>φ</u>	11,959.68		21,008.40		24,193.80
Max District Contribution		10,183.68		10,183.68		10,183.68
Net Employee Annual Cost	<u>φ</u>	1,776.00	<u>φ</u>	10,183.08	<u>φ</u>	14,010.12
tot Employee / umaar eest	Ψ	1,110.00	Ψ	10,021112	Ψ	11,010.12
_		. .	Annual Cost			
Coverage		Single	_	+1		+ Family
SISC Plan "C" - 80%	\$	9,612.00		16,512.00		19,224.00
Broker Fee	\$	72.00	\$	72.00	\$	72.00
Dental	\$ \$	389.52	\$	1,173.24	\$	1,173.24
MES*	\$	93.00	\$	186.00	\$	239.40
\$15,000 Life Insurance	\$	17.16	\$	17.16	\$	
Total Annual Premiums	\$	10,183.68		17,960.40		20,725.80
Max District Contribution	\$	10,183.68		10,183.68		10,183.68
Net Employee Annual Cost	\$	-	\$	7,776.72	\$	10,542.12
			Annual Cost			
Coverage		Single		+ 1		+ Family
SISC Plan "D" - High Deduct Plan	\$	7,380.00	\$	12,660.00	\$	14,388.00
Broker Fee		72.00	\$	72.00	\$	72.00
Dental	\$ \$ \$	389.52	\$	1,173.24	\$	1,173.24
MES*	\$	93.00	\$	186.00	\$	239.40
\$15,000 Life Insurance	\$	17.16	\$	17.16	\$	17.16
Total Annual Premiums	\$	7,951.68	\$	14,108.40	\$	15,889.80
Max District Contribution		10,183.68	\$	10,183.68	\$	10,183.68
Net Employee Annual Cost	Ť	No Cost	\$	3,924.72	\$	5,706.12
			Annual Cost			
Coverage		Single	_	+ 1		+ Family
SIMNSA Mexico Plan	\$	3,288.00	\$	5,832.00	\$	8,604.00
Broker Fee	\$	72.00	\$	72.00	\$	72.00
Dental	\$	389.52	\$	1,173.24	\$	1,173.24
MES*	\$	93.00	\$	186.00	\$	239.40
\$15,000 Life Insurance	\$ \$ \$	17.16	\$	17.16	\$	17.16
Total Annual Premiums	\$	3,859.68	\$	7,280.40	\$	10,105.80

^{*}To date, no new rates have not been provided

Max District Contribution

Net Employee Annual Cost

No Cost

\$ 10,183.68 \$ 10,183.68 \$ 10,183.68

No Cost

No Cost