Classified Specialized	Max	imum District Mon	thly Contribution		3 T	ier Rate Sheet		Effective:	October 1, 20	23 - Septemb	er 31	, 202	24
Employee Only		\$613.00											
Employee + One Dep.		\$613.00							tal Health Therap				
Employee + 2 or more Dep. \$613.00								Coordinator, Occ	upational Therap locial Worker, Cla				
Employee 12 of more bep	.	ψο το.σσ											
Rates for Monterey Count				1			Rates for Santa C				5076		
PPO PLAN 1B	Employee Only	EE+ 1	Full Family \$2,878.00		11 1	Month Rates	HMO Plan 1	\$1,211.00	EE+ 1	Full Family		11 N	Ionth Rates
Medical Dental	\$1,107.00 \$46.16	\$2,214.00 \$83.62	\$2,878.00				Medical Dental	\$1,211.00	\$2,404.00 \$83.62	\$3,120.00 \$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE	\$	600.11	Vision	\$9.94	\$18.47	\$28.44	EE	\$	713.56
Total	\$1,163.10	\$2,316.09	\$3,026.64	E1		1,857.92	Total	\$1,267.10	\$2,506.09	\$3,268.64		\$	2,065.19
District Pays	\$613.00	\$613.00	\$613.00	FF		2,633.06	District Pays	\$613.00	\$613.00	\$613.00		\$	2,897.06
Employee Pays	\$550.10	\$1,703.09	\$2,413.64				Employee Pays	\$654.10	\$1,893.09	\$2,655.64			·
PPO PLAN 4B	Employee Only	EE+1	Full Family	1			HMO Plan 2	Employee Only	EE+ 1	Full Family	1		
Medical	\$981.00	\$1,962.00	\$2,551.00	i			Medical	\$1,181.00	\$2,346.00	\$3,044.00			
Dental	\$46.16	\$83.62	\$120.20				Dental	\$46.16	\$83.62	\$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE	\$	462.65	Vision	\$9.94	\$18.47	\$28.44		\$	680.84
Total	\$1,037.10	\$2,064.09	\$2,699.64	E1		1,583.01	Total	\$1,237.10	\$2,448.09	\$3,192.64		\$	2,001.92
District Pays	\$613.00	\$613.00	\$613.00	FF	\$	2,276.33	District Pays	\$613.00	\$613.00	\$613.00	FF	\$	2,814.15
Employee Pays	\$424.10	\$1,451.09	\$2,086.64				Employee Pays	\$624.10	\$1,835.09	\$2,579.64			
PPO PLAN 6B	Employee Only	EE+ 1	Full Family				HMO Bronze	Employee Only	EE+ 1	Full Family			
Medical	\$903.00	\$1,806.00	\$2,348.00				Medical	\$1,067.00	\$2,115.00	\$2,744.00			
Dental	\$46.16	\$83.62	\$120.20				Dental	\$46.16	\$83.62	\$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE		377.56	Vision	\$9.94	\$18.47	\$28.44	EE		556.47
Total	\$959.10	\$1,908.09	\$2,496.64	E1		1,412.83	Total	\$1,123.10	\$2,217.09	\$2,892.64		\$	1,749.92
District Pays	\$613.00	\$613.00	\$613.00	FF	Ъ	2,054.88	District Pays	\$613.00	\$613.00	\$613.00	FF	\$	2,486.88
Employee Pays	\$346.10	\$1,295.09	\$1,883.64				Employee Pays	\$510.10	\$1,604.09	\$2,279.64			
				1		i	Rates for Santa (I	1		
PPO PLAN 9B	Employee Only	EE+ 1	Full Family				Kasier Plan 2	Employee Only	EE+ 1	Full Family			
Medical	\$729.00	\$1,458.00	\$1,896.00				Medical	\$1,209.00	\$2,078.00	\$2,620.00			
Dental	\$46.16	\$83.62	\$120.20				Dental	\$46.16	\$83.62	\$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE		187.75	Vision	\$9.94	\$18.47	\$28.44	EE		711.38
Total	\$785.10	\$1,560.09	\$2,044.64	E1		1,033.19	Total	\$1,265.10	\$2,180.09	\$2,768.64		\$	1,709.55
District Pays	\$613.00	\$613.00	\$613.00	FF	\$	1,561.79	District Pays	\$613.00	\$613.00	\$613.00	FF	\$	2,351.61
Employee Pays	\$172.10	\$947.09	\$1,431.64				Employee Pays	\$652.10	\$1,567.09	\$2,155.64			
HDHP 2	Employee Only	EE+ 1	Full Family				Kaiser Plan 3	Employee Only	EE+ 1	Full Family			
Medical	\$552.00	\$1,104.00	\$1,436.00				Medical	\$1,193.00	\$2,051.00	\$2,586.00			
Dental	\$46.16	\$83.62	\$120.20	EE	Φ	_	Dental	\$46.16	\$83.62	\$120.20		\$	693.93
Vision Total	\$9.94 \$608.10	\$18.47 \$1,206.09	\$28.44 \$1,584.64	E1		647.01	Vision Total	\$9.94 \$1,249.10	\$18.47 \$2,153.09	\$28.44 \$2,734.64		\$	1,680.10
District Pays	\$613.00	\$613.00	\$613.00	FF		1,059.97	District Pays	\$613.00	\$613.00	\$613.00		\$	2,314.52
Employee Pays	\$0.00	\$593.09	\$971.64	٠.	•	1,000.01	Employee Pays	\$636.10	\$1,540.09	\$2,121.64		Ψ.	2,0 :2
Bronze Plan	Employee Only	EE+1	Full Family	1				Employee Only	EE+1	Full Family	1		
Medical	\$509.00	\$1,018.00	\$1,323.00				Medical	\$1,161.00	\$1,993.00	\$2,515.00			
Dental	\$46.16	\$83.62	\$120.20				Dental	\$46.16	\$83.62	\$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE	\$	-	Vision	\$9.94	\$18.47	\$28.44	EE	\$	659.02
Total	\$565.10	\$1,120.09	\$1,471.64	E1		553.19	Total	\$1,217.10	\$2,095.09	\$2,663.64		\$	1,616.83
District Pays	\$613.00	\$613.00	\$613.00	FF	\$	936.70	District Pays	\$613.00	\$613.00	\$613.00	FF	\$	2,237.06
Employee Pays	\$0.00	\$507.09	\$858.64				Employee Pays	\$604.10	\$1,482.09	\$2,050.64			
Wellness RX-C	Employee Only	EE+ 1	Full Family				Kaiser Bronze	Employee Only	EE+ 1	Full Family	Ī		
Medical	\$916.00	\$1,832.00	\$2,382.00				Medical	\$669.00	\$1,148.00	\$1,449.00			
Dental	\$46.16	\$83.62	\$120.20	_	•		Dental	\$46.16	\$83.62	\$120.20	١.	•	
Vision	\$9.94	\$18.47	\$28.44	EE		391.75	Vision	\$9.94	\$18.47	\$28.44	EE		122.29
Total	\$972.10	\$1,934.09	\$2,530.64	E1		1,441.19	Total	\$725.10	\$1,250.09	\$1,597.64	E1		695.01
District Pays	\$613.00	\$613.00	\$613.00	FF	Ъ	2,091.97	District Pays	\$613.00	\$613.00	\$613.00	FF	\$	1,074.15
Employee Pays	\$359.10	\$1,321.09	\$1,917.64	ı			Employee Pays	\$112.10	\$637.09	\$984.64			
							Kaiser Welness		EE+ 1	Full Family			
							Medical	\$953.00	\$1,638.00	\$2,066.00			
							Dental	\$46.16	\$83.62	\$120.20		æ	400.44
							Vision	\$9.94	\$18.47	\$28.44	EE		432.11
							Total	\$1,009.10	\$1,740.09	\$2,214.64	E1 FF	\$	1,229.55 1,747.24
Rev. 8/25/23							District Pays Employee Pays	\$613.00 \$396.10	\$613.00 \$1,127.09	\$613.00	FF	ψ	1,141.24
Nev. 0/20/23							Employee Pays	გაყნ.10	\$1,127.09	\$1,601.64	ı		