								Effective:	October 1, 202	23 - Septemb	er 31	, 2024	
Certificated	Maximum D	istrict Monthly Co	ntribution		3 .	Tier Rate Sheet				·			
Employee Only \$661.38													
Employee + One Dep. \$1,180.69													
Employee + 2 or mo	•	\$1,309.69											
	County and Nation						Rates for Santa C						
PPO PLAN 1B	Employee Only	EE+ 1	Full Family		11	Month Rates	HMO Plan 1	Employee Only	EE+ 1	Full Family		11 Mc	onth Rates
Medical Dental	\$1,107.00 \$46.16	\$2,214.00 \$83.62	\$2,878.00 \$120.20				Medical Dental	\$1,211.00 \$46.16	\$2,404.00 \$83.62	\$3,120.00 \$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE	\$	547.33	Vision	\$9.94	\$18.47	\$28.44	EE	\$	660.79
Total	\$1,163.10	\$2,316.09	\$3,026.64	E1			Total	\$1,267.10	\$2,506.09	\$3,268.64	E1		1,445.89
District Pays	\$661.38	\$1,180.69	\$1,309.69	FF	\$	1,873.04	District Pays	\$661.38	\$1,180.69	\$1,309.69	FF	\$	2,137.04
Employee Pays	\$501.72	\$1,135.40	\$1,716.95				Employee Pays	\$605.72	\$1,325.40	\$1,958.95	l		
PPO PLAN 4B	Employee Only	EE+ 1	Full Family				HMO Plan 2	Employee Only	EE+ 1	Full Family	Ī		
Medical	\$981.00	\$1,962.00	\$2,551.00				Medical	\$1,181.00	\$2,346.00	\$3,044.00			
Dental	\$46.16	\$83.62	\$120.20	EE	• •	409.88	Dental	\$46.16	\$83.62	\$120.20		¢.	628.06
Vision Total	\$9.94 \$1,037.10	\$18.47 \$2,064.09	\$28.44 \$2,699.64	E1			Vision Total	\$9.94 \$1,237.10	\$18.47 \$2,448.09	\$28.44 \$3,192.64	EE E1		1,382.62
District Pays	\$661.38	\$1,180.69	\$1,309.69	FF			District Pays	\$661.38	\$1,180.69	\$1,309.69	FF		2,054.13
Employee Pays	\$375.72	\$883.40	\$1,389.95				Employee Pays	\$575.72	\$1,267.40	\$1,882.95			,
PPO PLAN 6B	Employee Only	EE+1	Full Family				HMO Bronze	Employee Only	EE+ 1	Full Family	Ī		
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 E1			Vision	\$9.94	\$18.47	\$28.44	EE E1		503.69 1,130.62
Total District Pays	\$959.10 \$661.38	\$1,908.09 \$1,180.69	\$2,496.64 \$1,309.69		; \$		Total District Pays	\$1,123.10 \$661.38	\$2,217.09 \$1,180.69	\$2,892.64 \$1,309.69	FF		1,726.85
Employee Pays	\$297.72	\$727.40	\$1,186.95		Ψ	1,20 1.00	Employee Pays	\$461.72	\$1,036.40	\$1,582.95		Ψ	1,120.00
1 .7	,	* -	* /				Rates for Santa (-		* /	L		
PPO PLAN 9B	Employee Only	EE+1	Full Family				Kasier Plan 2	Employee Only	EE+ 1	Full Family	Ī		
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			Vision	\$9.94	\$18.47	\$28.44	EE		658.60
Total District Pays	\$785.10 \$661.38	\$1,560.09 \$1,180.69	\$2,044.64 \$1,309.69	E1 FF	\$		Total District Pays	\$1,265.10 \$661.38	\$2,180.09 \$1,180.69	\$2,768.64 \$1,309.69	E1 FF		1,090.25 1,591.58
Employee Pays	\$123.72	\$379.40	\$734.95	FF	Ψ	001.70	Employee Pays	\$603.72	\$999.40	\$1,458.95	FF	Ψ	1,551.50
HDHP 2	Employee Only	EE+1	Full Family				Kaiser Plan 3	Employee Only	EE+1	Full Family	İ		
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				Dental	\$46.16	\$83.62	\$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE			Vision	\$9.94	\$18.47	\$28.44	EE		641.15
Total District Pays	\$608.10 \$661.38	\$1,206.09 \$1,180.69	\$1,584.64 \$1,309.69		\$: \$		Total District Pays	\$1,249.10 \$661.38	\$2,153.09 \$1,180.69	\$2,734.64 \$1,309.69	E1 FF		1,060.80 1,554.49
Employee Pays	\$0.00	\$1,160.69	\$274.95	ГГ	Φ	299.93	Employee Pays	\$587.72	\$972.40	\$1,309.69	ГГ	φ	1,554.49
Bronze Plan	Employee Only	EE+ 1	Full Family				Kaiser Plan 5	Employee Only	EE+ 1	Full Family	l I		
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		606.24
Total	\$565.10	\$1,120.09	\$1,471.64	E1		-	Total	\$1,217.10	\$2,095.09	\$2,663.64	E1		997.53
District Pays Employee Pays	\$661.38 \$0.00	\$1,180.69 \$0.00	\$1,309.69 \$161.95	FF	\$	176.67	District Pays Employee Pays	\$661.38 \$555.72	\$1,180.69 \$914.40	\$1,309.69 \$1,353.95	FF	\$	1,477.04
											l T		
Wellness RX-C Medical	Employee Only \$916.00	\$1,832.00	Full Family \$2,382.00				Medical	\$669.00	EE+ 1 \$1,148.00	Full Family \$1,449.00			
Dental	\$46.16	\$83.62	\$120.20				Dental	\$46.16	\$83.62	\$120.20			
Vision	\$9.94	\$18.47	\$28.44	EE	\$	338.97	Vision	\$9.94	\$18.47	\$28.44	EE	\$	69.51
Total	\$972.10	\$1,934.09	\$2,530.64		\$		Total	\$725.10	\$1,250.09	\$1,597.64	E1		75.71
District Pays	\$661.38	\$1,180.69	\$1,309.69	FF	\$	1,331.95	District Pays	\$661.38	\$1,180.69	\$1,309.69	FF	\$	314.13
Employee Pays	\$310.72	\$753.40	\$1,220.95				Employee Pays	\$63.72	\$69.40	\$287.95	l		
							Kaiser Wellness		EE+ 1	Full Family			
							Medical Dental	\$953.00 \$46.16	\$1,638.00 \$83.62	\$2,066.00 \$120.20			
							Vision	\$9.94	\$18.47	\$28.44	EE	\$	379.33
							Total	\$1,009.10	\$1,740.09	\$2,214.64	E1		610.25
							District Pays	\$661.38	\$1,180.69	\$1,309.69	FF		987.22
Rev.8/25/23							Employee Pays	\$347.72	\$559.40	\$904.95	l		