



## Executive Management Employees ONLY

(President/CEO, Vice Presidents, Board of Trustees)

### 2022-2023 Benefit Plan Premiums and District Contribution

Benefit Year: October 1, 2022 – September 30, 2023

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.

The College provides fully paid medical, dental, vision and basic life insurance benefits for employee, spouse and eligible dependents.

|  | Single-Party     | Two-Party  | Family     |
|--|------------------|------------|------------|
| <b>Medical Plans</b>   |                  |            |            |
| <b>HMO</b>   |                  |            |            |
| Kaiser Permanente \$15; Rx \$5-20 (30 Day)<br>234480-0089AMN                 | \$733.00         | \$1,466.00 | \$1,905.00 |
| Blue Shield Trio Network \$10; Rx \$5-20 (30 Day)<br>701071H031000           | \$755.00         | \$1,501.00 | \$1,959.00 |
| Blue Shield Full Network \$10; Rx \$5-20 (30 Day)<br>701071H011000           | \$786.00         | \$1,566.00 | \$2,044.00 |
| <b>PPO</b>   |                  |            |            |
| Blue Shield 80G \$20; Rx \$5-20 (30 Day) 701070P031000                       | \$771.00         | \$1,534.00 | \$2,002.00 |
| Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021000                       | \$837.00         | \$1,670.00 | \$2,180.00 |
| Blue Shield 100A \$10; Rx \$5-20 (30 Day)<br>701070P011000                   | \$973.00         | \$1,951.00 | \$2,549.00 |
| Blue Shield 2-Tier Anchor Bronze<br>(Spouses are not eligible) 701070P061000 | \$515.00         | \$1,050.00 | \$1,050.00 |
|  |                  |            |            |
| <b>Dental Plan</b>   | <b>Composite</b> |            |            |
| DeltaCare HMO 71691 06011  | \$37.87          |            |            |
| Delta Dental PPO Plan 1500; \$2,000 Orthodontics<br>7079 3001                | \$107.40         |            |            |
| Delta Dental PPO Incentive Plan Unlimited; \$2,000<br>Orthodontics 7079 3000 | \$149.40         |            |            |
|  |                  |            |            |
| <b>Vision Plan</b>   | <b>Composite</b> |            |            |
| VSP Signature Plan C, Single \$0 Copay 2978581A                              | \$27.70          |            |            |
|  |                  |            |            |
| <b>Basic Life Insurance</b>  | <b>Composite</b> |            |            |
| MetLife Basic Life and AD&D - \$75,000                                       | \$10.00          |            |            |