



Classified CSEA 651 Employees ONLY

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.

Classified CSEA 651 Monthly District Contribution		
Single-Party	Two-Party	Family
\$1,050.69	\$1,541.57	\$1980.57

	Single-Party	Two-Party	Family
Medical Plans			
HMO			
Kaiser Permanente \$15; Rx \$5-20 (30 Day) 234480-0089ALN	\$733.00	\$1,466.00	\$1,905.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day) 234480-0088ALN	\$784.00	\$1,568.00	\$2,038.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day) 701071H031001	\$755.00	\$1,501.00	\$1,959.00
Blue Shield Full Network \$10; Rx \$5-20 (30 Day) 701071H011001	\$786.00	\$1,566.00	\$2,044.00
PPO			
Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021001	\$837.00	\$1,670.00	\$2,180.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day) 701070P011001	\$973.00	\$1,951.00	\$2,549.00
Blue Shield 2-Tier Anchor Bronze (Spouses are not eligible) 701070P061001	\$515.00	\$1,050.00	\$1,050.00
Dental Plan	Composite		
DeltaCare HMO 71691 06013	\$37.87		
Delta Dental PPO Plan 1500; \$2,000 Orthodontics 7079 3006	\$107.40		
Delta Dental PPO Incentive Plan Unlimited; \$2,000 Orthodontics 7079 3005	\$149.40		
Vision Plan	Composite		
VSP Signature Plan C, Single \$0 Copay 2978585A	\$27.70		
Basic Life Insurance	Composite		
MetLife Basic Life and AD&D - \$75,000	\$10.00		