

HOLTVILLE UNIFIED SCHOOL DISTRICT
CERT/CLASS MGMT, CLASS CONF
 HEALTH/WELFARE BENEFITS (2018-19)

| Coverage | Annual Cost | | |
|---------------------------|--------------|--------------|--------------|
| | Single | + 1 | + Family |
| SISC Plan "A" - 100% | \$ 10,380.00 | \$ 17,820.00 | \$ 20,544.00 |
| Broker Fee | \$ 72.00 | \$ 72.00 | \$ 72.00 |
| Delta Dental (SCEET)* | \$ 891.72 | \$ 891.72 | \$ 891.72 |
| Vision (VSP)* | \$ 397.32 | \$ 397.32 | \$ 397.32 |
| \$15,000 Life Insurance | \$ 17.16 | \$ 17.16 | \$ 17.16 |
| Total Annual Premiums | \$ 11,758.20 | \$ 19,198.20 | \$ 21,922.20 |
| Max District Contribution | \$ 9,802.20 | \$ 9,802.20 | \$ 9,802.20 |
| Net Employee Annual Cost | \$ 1,956.00 | \$ 9,396.00 | \$ 12,120.00 |

| Coverage | Annual Cost | | |
|---------------------------|--------------|--------------|--------------|
| | Single | + 1 | + Family |
| SISC Plan "B" - 90% | \$ 9,948.00 | \$ 17,100.00 | \$ 19,860.00 |
| Broker Fee | \$ 72.00 | \$ 72.00 | \$ 72.00 |
| Dental | \$ 891.72 | \$ 891.72 | \$ 891.72 |
| VSP* | \$ 397.32 | \$ 397.32 | \$ 397.32 |
| \$15,000 Life Insurance | \$ 17.16 | \$ 17.16 | \$ 17.16 |
| Total Annual Premiums | \$ 11,326.20 | \$ 18,478.20 | \$ 21,238.20 |
| Max District Contribution | \$ 9,802.20 | \$ 9,802.20 | \$ 9,802.20 |
| Net Employee Annual Cost | \$ 1,524.00 | \$ 8,676.00 | \$ 11,436.00 |

| Coverage | Annual Cost | | |
|---------------------------|-------------|--------------|--------------|
| | Single | + 1 | + Family |
| SISC Plan "C" - 80% | \$ 8,424.00 | \$ 14,472.00 | \$ 16,884.00 |
| Broker Fee | \$ 72.00 | \$ 72.00 | \$ 72.00 |
| Dental | \$ 891.72 | \$ 891.72 | \$ 891.72 |
| VSP* | \$ 397.32 | \$ 397.32 | \$ 397.32 |
| \$15,000 Life Insurance | \$ 17.16 | \$ 17.16 | \$ 17.16 |
| Total Annual Premiums | \$ 9,802.20 | \$ 15,850.20 | \$ 18,262.20 |
| Max District Contribution | \$ 9,802.20 | \$ 9,802.20 | \$ 9,802.20 |
| Net Employee Annual Cost | \$ - | \$ 6,048.00 | \$ 8,460.00 |

| Coverage | Annual Cost | | |
|----------------------------------|-------------|--------------|--------------|
| | Single | + 1 | + Family |
| SISC Plan "D" - High Deduct Plan | \$ 6,420.00 | \$ 11,016.00 | \$ 12,516.00 |
| Broker Fee | \$ 72.00 | \$ 72.00 | \$ 72.00 |
| Dental | \$ 891.72 | \$ 891.72 | \$ 891.72 |
| VSP* | \$ 397.32 | \$ 397.32 | \$ 397.32 |
| \$15,000 Life Insurance | \$ 17.16 | \$ 17.16 | \$ 17.16 |
| Total Annual Premiums | \$ 7,798.20 | \$ 12,394.20 | \$ 13,894.20 |
| Max District Contribution | \$ 9,802.20 | \$ 9,802.20 | \$ 9,802.20 |
| Net Employee Annual Cost | No Cost | \$ 2,592.00 | \$ 4,092.00 |

| Coverage | Annual Cost | | |
|---------------------------|-------------|-------------|-------------|
| | Single | + 1 | + Family |
| SIMNSA Mexico Plan | \$ 2,796.00 | \$ 4,956.00 | \$ 7,296.00 |
| Broker Fee | \$ 72.00 | \$ 72.00 | \$ 72.00 |
| Dental | \$ 891.72 | \$ 891.72 | \$ 891.72 |
| VSP* | \$ 397.32 | \$ 397.32 | \$ 397.32 |
| \$15,000 Life Insurance | \$ 17.16 | \$ 17.16 | \$ 17.16 |
| Total Annual Premiums | \$ 4,174.20 | \$ 6,334.20 | \$ 8,674.20 |
| Max District Contribution | \$ 9,802.20 | \$ 9,802.20 | \$ 9,802.20 |
| Net Employee Annual Cost | No Cost | No Cost | No Cost |

*To date, no increase has been announced for Dental & Vision coverage, but is subject to change