

HOLTVILLE UNIFIED SCHOOL DISTRICT  
**CERTIFICATED BARGAINING UNIT (HTA)**  
**HEALTH/WELFARE BENEFITS (2019-20)**

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "A" - 100%	\$ 10,980.00	\$ 18,852.00	\$ 21,732.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 891.72	\$ 891.72	\$ 891.72
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 12,335.64	\$ 20,207.64	\$ 23,087.64
Max District Contribution	\$ 10,235.64	\$ 10,235.64	\$ 10,235.64
Net Employee Annual Cost	\$ 2,100.00	\$ 9,972.00	\$ 12,852.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "B" - 90%	\$ 10,488.00	\$ 18,024.00	\$ 20,940.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 891.72	\$ 891.72	\$ 891.72
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 11,843.64	\$ 19,379.64	\$ 22,295.64
Max District Contribution	\$ 10,235.64	\$ 10,235.64	\$ 10,235.64
Net Employee Annual Cost	\$ 1,608.00	\$ 9,144.00	\$ 12,060.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "C" - 80%	\$ 8,880.00	\$ 15,252.00	\$ 17,784.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 891.72	\$ 891.72	\$ 891.72
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 10,235.64	\$ 16,607.64	\$ 19,139.64
Max District Contribution	\$ 10,235.64	\$ 10,235.64	\$ 10,235.64
Net Employee Annual Cost	\$ -	\$ 6,372.00	\$ 8,904.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "D" - High Deduct Plan	\$ 6,804.00	\$ 11,676.00	\$ 13,272.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 891.72	\$ 891.72	\$ 891.72
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 8,159.64	\$ 13,031.64	\$ 14,627.64
Max District Contribution	\$ 10,235.64	\$ 10,235.64	\$ 10,235.64
Net Employee Annual Cost	No Cost	\$ 2,796.00	\$ 4,392.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SIMNSA Mexico Plan	\$ 2,904.00	\$ 5,148.00	\$ 7,584.00
Broker Fee	\$ 72.00	\$ 72.00	\$ 72.00
Delta Dental (SCEET)*	\$ 891.72	\$ 891.72	\$ 891.72
Vision (VSP)*	\$ 374.76	\$ 374.76	\$ 374.76
\$15,000 Life Insurance	\$ 17.16	\$ 17.16	\$ 17.16
Total Annual Premiums	\$ 4,259.64	\$ 6,503.64	\$ 8,939.64
Max District Contribution	\$ 10,235.64	\$ 10,235.64	\$ 10,235.64
Net Employee Annual Cost	No Cost	No Cost	No Cost

\*To date, no new rates have not been provided