

**HOLTVILLE UNIFIED SCHOOL DISTRICT
 CERTIFICATED BARGAINING UNIT (HTA)
 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
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	\$ 11,326.20	\$ 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
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	\$ 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
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	\$ 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
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	\$ 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