

HOLTVILLE UNIFIED SCHOOL DISTRICT
CERTIFICATED BARGAINING UNIT (HTA)
HEALTH/WELFARE BENEFITS (2020-21)

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "A" - 100%	\$ 11,028.00	\$ 18,948.00	\$ 21,840.00
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	\$ 12,383.64	\$ 20,303.64	\$ 23,195.64
Max District Contribution	\$ 10,283.64	\$ 10,283.64	\$ 10,283.64
Net Employee Annual Cost	\$ 2,100.00	\$ 10,020.00	\$ 12,912.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "B" - 90%	\$ 10,548.00	\$ 18,108.00	\$ 21,036.00
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	\$ 11,903.64	\$ 19,463.64	\$ 22,391.64
Max District Contribution	\$ 10,283.64	\$ 10,283.64	\$ 10,283.64
Net Employee Annual Cost	\$ 1,620.00	\$ 9,180.00	\$ 12,108.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "C" - 80%	\$ 8,928.00	\$ 15,324.00	\$ 17,868.00
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	\$ 10,283.64	\$ 16,679.64	\$ 19,223.64
Max District Contribution	\$ 10,283.64	\$ 10,283.64	\$ 10,283.64
Net Employee Annual Cost	\$ -	\$ 6,396.00	\$ 8,940.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SISC Plan "D" - High Deduct Plan	\$ 6,840.00	\$ 11,736.00	\$ 13,332.00
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	\$ 8,195.64	\$ 13,091.64	\$ 14,687.64
Max District Contribution	\$ 10,283.64	\$ 10,283.64	\$ 10,283.64
Net Employee Annual Cost	No Cost	\$ 2,808.00	\$ 4,404.00

Coverage	Annual Cost		
	Single	+ 1	+ Family
SIMNSA Mexico Plan	\$ 2,988.00	\$ 5,304.00	\$ 7,812.00
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	\$ 4,343.64	\$ 6,659.64	\$ 9,167.64
Max District Contribution	\$ 10,283.64	\$ 10,283.64	\$ 10,283.64
Net Employee Annual Cost	No Cost	No Cost	No Cost

*To date, no new rates have not been provided

3/19/2020