

2023-2024 SISC Rates	
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100	100%

**Certificated--- Employee Contributions based on Board Agenda 8.15.23 agreement**

### 11thly Payroll Deduction Rates

**Medical, Dental, and Vision Effective October 1, 2023 to September 30, 2024**

Contract Percentage	50%	60%	70%	80%	90%	100%
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## Medical Plans

Kaiser Traditional HMO 15	\$1,028.55	\$891.27	\$754.00	\$616.73	\$479.46	\$342.18
Anthem Blue Cross Premier HMO 10 (Select Network)	\$975.09	\$837.82	\$700.55	\$563.27	\$426.00	\$288.73
Anthem Blue Cross Premier HMO 10 (Full Network)	\$1,090.73	\$953.46	\$816.18	\$678.91	\$541.64	\$404.36
Anthem Blue Cross PPO 100-B	\$1,310.00	\$1,172.73	\$1,035.46	\$898.18	\$760.91	\$623.64
Anthem Blue Cross PPO 90-A	\$1,221.64	\$1,084.36	\$947.09	\$809.82	\$672.55	\$535.27
Anthem Blue Cross PPO 80-E	\$1,051.46	\$914.18	\$776.91	\$639.64	\$502.36	\$365.09
Anthem Blue Cross H.S.A.-A	\$672.91	\$535.64	\$398.36	\$261.09	\$123.82	\$0.00

## Dental Plans

Delta PPO 70/30	\$51.17	\$37.24	\$23.31	\$9.39	\$0.00	\$0.00
Delta PPO-Incentive	\$51.32	\$37.00	\$22.69	\$8.37	\$0.00	\$0.00

## Vision Plans

VSP	\$20.86	\$18.51	\$16.17	\$13.82	\$11.48	\$9.13
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HSA Contribution	Single	Family	Distribution Dates
	\$1200/per year	\$2400/per year	Oct, Jan, Apr & Jul