

Management/Confidential/Trustee SISC dually covered discount rates - 2023-2024 SISC Rates				
10thly Payroll Deduction Rates effective July 1, 2023				
Medical, Dental and Vision Effective October 1, 2023 to September 30, 2024				
Based on the Compensation Package Board Approved 1/16/24				
Contract Percentage	50%	60%	80%	100%
Medical Plans				
Kaiser Traditional HMO 15	\$434.70	\$260.82	\$0.00	\$0.00
Anthem Premier HMO 10 (Select Network)	\$501.30	\$327.42	\$0.00	\$0.00
Anthem Premier HMO 10 (Full Network)	\$596.70	\$422.82	\$75.06	\$0.00
Anthem PPO 100-B \$20	\$777.60	\$603.72	\$255.96	\$0.00
Anthem PPO 90-A \$20	\$704.70	\$530.82	\$183.06	\$0.00
Anthem PPO 80-E \$20	\$564.30	\$390.42	\$42.66	\$0.00
Anthem H.S.A.-A-Family	\$502.00	\$328.12	\$0.00	\$0.00
Dental Plans				
Delta PPO 70/30	\$0.00	\$0.00	\$0.00	\$0.00
Delta PPO-Incentive	\$0.00	\$0.00	\$0.00	\$0.00
Vision Plans				
VSP	\$6.71	\$6.71	\$6.71	\$6.71
		HSA Contribution	Family \$ 2,500.00	