

Management/Confidential/Trustee - 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 on 1/16/24											
Contract Percentage	50%	60%	80%	100%							
Medical Plans											
Kaiser Traditional HMO 15	\$869.40	\$695.52	\$347.76	\$0.00							
Anthem Premier HMO 10 (Select Network)	\$958.20	\$784.32	\$436.56	\$88.80							
Anthem Premier HMO 10 (Full Network)	\$1,085.40	\$911.52	\$563.76	\$216.00							
Anthem PPO 100-B \$20	\$1,326.60	\$1,152.72	\$804.96	\$457.20							
Anthem PPO 90-A \$20	\$1,229.40	\$1,055.52	\$707.76	\$360.00							
Anthem PPO 80-E \$20	\$1,042.20	\$868.32	\$520.56	\$172.80							
H.S.A - A - Single	\$750.80	\$576.92	\$229.16	\$0.00							
H.S.A - A - Family	\$875.80	\$701.92	\$354.16	\$6.40							
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							
<table><tr><td rowspan="2">HSA Contribution</td><td>Single</td><td>Family</td><td>Distribution</td></tr><tr><td>\$ 1,250.00</td><td>\$ 2,500.00</td><td>Oct, Jan, Apr & Jul</td></tr></table>					HSA Contribution	Single	Family	Distribution	\$ 1,250.00	\$ 2,500.00	Oct, Jan, Apr & Jul
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