

HEALTH PLAN COMPARISON SUMMARY

2024-2025

| MEDICAL | KAISER PERMANETE | | UNITED HEALTHCARE HARMONY & ALLIANCE | |
|---|--|--|--|---|
| | CLASSIFIED | CERTIFICATED & MANAGEMENT/CONFIDENTIAL | CLASSIFIED & CERTIFICATED | MANAGEMENT/ CONFIDENTIAL |
| Maximum Out of Pocket | \$3,000 Individual/ \$6,000 Family | \$3,000 Individual/ \$6,000 Family | \$3,000 Individual/ \$6,000 Family | \$3,000 Individual/ \$6,000 Family |
| Primary/Urgent Care/ Specialist Visit | \$20.00 | \$20.00 | \$20.00 | \$20.00 |
| Emergency Room Visit | \$100.00 (waived if admitted) | \$100.00 (waived if admitted) | \$100.00 (waived if admitted) | \$100.00 (waived if admitted) |
| Hospitalizations | 100% Covered (with \$250 Admit Fee) | 100% Covered (with \$250 Admit Fee) | 100% Covered (with \$250 Admit Fee) | 100% Covered (with \$250 Admit Fee) |
| Pharmacy Rx | 100-Day Supply Generic = \$20 / Brand Name = \$30 30-Day Supply: Specialty = \$30 | 30-Day Supply Generic = \$15 / Brand Name = \$30 100-Day (By Mail) Generic = \$30 / Brand Name = \$60 | Tier Based: \$15 / \$30 / \$50 (\$100 Deductible for Name Brand) | Tier Based: \$15 / \$30 / \$50 (\$100 Deductible for Name Brand) |
| KAISER MEDICAL PLAN IS DISTRICT-PAID (NO EMPLOYEE OUT-OF-POCKET DEDUCTION FOR EMPLOYEES WORKING 6 HOURS OR MORE) | | | UNITED HEALTHCARE PLANS ARE EMPLOYEE OUT-OF-POCKET (REFER TO RATE SHEET FOR EMPLOYEE DEDUCTION AMOUNTS) | |

| DENTAL | DELTA PPO | DELTACARE USA HMO | WESTERN DENTAL |
|--|--|--------------------------|--------------------------|
| Maximum Out of Pocket | Delta Dental PPO dentists: None Non-Delta Dental PPO dentists: \$100 per person / \$300 per family per calendar year | No Maximum Out of Pocket | No Maximum Out of Pocket |
| Annual Maximums | Delta Dental PPO dentists: \$2,500 per person each calendar year Non-Delta Dental PPO dentists: \$2,000 per person each calendar year | No Annual Maximum | No Annual Maximum |
| Basic Svcs/Diagnostic & Preventative | 70% - 100% (Incentive Increase Annually: 10%) | Fee Based Schedule | Fee Based Schedule |
| Prosthetics: (Bridges, Dentures, Implants) | 50% Flat Rate Coverage | Fee Based Schedule | Fee Based Schedule |
| Orthodontia (Braces) | 50% Flat Rate Coverage (with \$1,500 Lifetime Maximum Per Individual) | Fee Based Schedule | Fee Based Schedule |

ALL DENTAL PLANS ARE DISTRICT PAID (NO EMPLOYEE OUT-OF-POCKET DEDUCTIONS FOR EMPLOYEES WORKING 6 HOURS OR MORE)

| VISION | |
|--|---|
| EYEMED BASIC | EYEMED "BUYUP" |
| One Pair lenses/contacts & One frame every 12 mos. | One Pair lenses/contacts & One frame every 12 mos. |
| Frame Allowance Retail: \$130 / Frame Allowance Wholesale: \$91 | Frame Allowance Retail: \$130 / Frame Allowance Wholesale: \$91 |
| Contacts Allowance: \$130 (Exam/Fitting Excluded) | Contacts Allowance: \$130 (Exam/Fitting Excluded) |
| EYEWEAR ONLY PLAN - (No Vision Exam Included) | EYEWEAR & EXAM PLAN (Comprehensive Exam Included) |
| District-Paid Benefit (No Employee Out-Of-Pocket Deduction For Employees Working 6 Hours or More) | Out-of-Pocket Cost (Employee Deduction \$6.50 Per Month For Employees Working 6 Hours or More) |



FULL TIME EMPLOYEE RATE SHEET 2024-2025

10 MONTH DEDUCTION RATE

| DISTRICT PAID COVERAGE PLANS | CERT/MNGT/CONF. | CLASSIFIED |
|--|-------------------|-------------------|
| PERMANENTE HMO PREMIUM | \$1,729.47 | \$1,866.26 |
| Employee Deduction | \$0.00 | \$0.00 |
| UNITED HEALTHCARE HMO - HARMONY | \$2,326.28 | \$2,326.28 |
| Employee Deduction | \$596.81 | \$460.02 |
| UNITED HEALTHCARE HMO - ALLIANCE | \$3,354.67 | \$3,354.67 |
| Employee Deduction | \$1,625.20 | \$1,488.41 |
| DELTA DENTAL (PPO) | \$156.87 | \$156.87 |
| Employee Deduction | \$0.00 | \$0.00 |
| DELTACARE USA (HMO) | \$38.75 | \$38.75 |
| Employee Deduction | \$0.00 | \$0.00 |
| WESTERN DENTAL HMO | \$48.90 | \$48.90 |
| Employee Deduction | \$0.00 | \$0.00 |
| EYEMED VISION - BASIC (no exam incl) | \$13.45 | \$13.45 |
| Employee Deduction | \$0.00 | \$0.00 |
| EYEMED VISION "BUYUP" (comprehensive eye exam included) | \$19.95 | \$19.95 |
| Employee Deduction | \$6.50 | \$6.50 |
| THE HARTFORD LIFE INSURANCE – BASIC | \$4.20 | \$4.20 |
| Employee Deduction | \$0.00 | \$0.00 |



PART TIME EMPLOYEES RATE SHEET

2024-2025

CLASSIFIED EMPLOYEE MONTHLY CONTRIBUTION FOR BENEFITS BEGINNING JULY 1, 2024

CLASSIFIED EMPLOYEE MONTHLY DEDUCTION (10-MONTH BASIS)

| DAILY CONT. HOURS | DISTRICT PAID FTE % | MEDICAL | | | DENTAL | | | VISION | |
|-------------------|---------------------|-------------------|-------------|--------------|------------------|-----------------|----------------|--------------|--------------|
| | | KAISER PREMANENTE | UHC HARMONY | UHC ALLIANCE | DELTA DENTAL PPO | DELTADENTAL HMO | WESTERN DENTAL | EYEMED BASIC | EYEMED BUYUP |
| 8.00% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 7.75% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 7.50% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 7.25% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 7.00% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 6.75% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 6.50% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 6.25% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 6.00% | 100.00% | \$0.00 | \$460.02 | \$1,487.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.50 |
| 5.75% | 95.83% | \$77.82 | \$537.84 | \$1,566.23 | \$6.54 | \$1.62 | \$2.04 | \$0.56 | \$7.06 |
| 5.50% | 91.67% | \$155.46 | \$615.47 | \$1,643.87 | \$13.07 | \$3.23 | \$4.07 | \$1.12 | \$7.62 |
| 5.25% | 87.50% | \$233.28 | \$693.30 | \$1,721.69 | \$19.61 | \$4.84 | \$6.11 | \$1.68 | \$8.18 |
| 5.00% | 83.33% | \$311.11 | \$771.12 | \$1,799.51 | \$26.15 | \$6.46 | \$8.15 | \$2.24 | \$8.74 |
| 4.75% | 79.17% | \$388.74 | \$848.76 | \$1,877.15 | \$32.68 | \$8.07 | \$10.19 | \$2.80 | \$9.30 |
| 4.50% | 75.00% | \$466.57 | \$926.58 | \$1,954.97 | \$39.22 | \$9.69 | \$12.23 | \$3.36 | \$9.86 |
| 4.25% | 70.83% | \$544.39 | \$1,004.40 | \$2,032.80 | \$45.76 | \$11.30 | \$14.26 | \$3.92 | \$10.42 |
| 4.00% | 66.67% | \$622.03 | \$1,082.04 | \$2,110.43 | \$52.29 | \$12.91 | \$16.30 | \$4.48 | \$10.98 |

