

HEALTH PLAN COMPARISON SUMMARY



MEDICAL	KAISER PERMANENTE		UNITED HEALTHCARE (HARMONY PLAN)	UNITED HEALTHCARE (ALLIANCE PLAN)
	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/UrgentCare/ 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	<u>100-Day Supply</u> Generic = \$20 / Brand Name = \$30 <u>30-Day Supply</u> Specialty = \$30	<u>30-Day Supply</u> Generic = \$15 / Brand Name = \$30 <u>100-Day (By Mail)</u> 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 OURS OR MORE)

UNITED HEALTHCARE PLANS ARE EMPLOYEE OUT-OF-POCKET (REFER TO RATE SHEET FOR EMPLOYEE DEDUCTION AMOUNTS)

DENTAL	DELTA DENTAL 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 OURS 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)

RATE SHEET (FULL-TIME EMPLOYEES)



DISTRICT-PAID COVERAGE PLANS	CERT/MGT/CONF	CLASSIFIED
KAISER PERMANENTE HMO PREMIUM	\$1,310.83	\$1,414.57
Employee Deduction	\$0.00	\$0.00
UNITED HEALTHCARE HMO - HARMONY	\$1,770.38	\$1,770.38
Employee Deduction	\$459.55	\$355.81
UNITED HEALTHCARE HMO - ALLIANCE	\$2,529.92	\$2,529.92
Employee Deduction	\$1,219.09	\$1,115.35
DELTA DENTAL (PPO)	\$131.90	\$131.90
Employee Deduction	\$0.00	\$0.00
DELTACARE USA (HMO)	\$32.29	\$32.29
Employee Deduction	\$0.00	\$0.00
WESTERN DENTAL HMO	\$40.75	\$40.75
Employee Deduction	\$0.00	\$0.00
EYEMED VISION - BASIC (no exam incl)	\$11.21	\$11.21
Employee Deduction	\$0.00	\$0.00
EYEMED VISION "BUYUP" (comprehensive eye exam included)	\$16.63	\$16.63
Employee Deduction	\$6.50	\$6.50
THE HARTFORD LIFE INSURANCE - BASIC	\$3.50	\$3.50
Employee Deduction	\$0.00	\$0.00

RATE SHEET (PART-TIME EMPLOYEES)



CLASSIFIED EMPLOYEE'S MONTHLY CONTRIBUTION FOR BENEFITS BEGINNING JULY 1, 2023

(All plans allow family coverage at the same rates listed)

DAILY CONT. HOURS	DISTRICT-PAID FTE %	CLASSIFIED EMPLOYEE MONTHLY DEDUCTION (10-MONTH BASIS)							
		MEDICAL			DENTAL			VISION	
		KAISER HMO	UNITED HEALTHCARE		DELTA DENTAL		WESTERN DENTAL	EYEMED	
			HARMONY	ALLIANCE	PPO	HMO	HMO	BASIC	BUYUP
8.00	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
7.75	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
7.50	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
7.25	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
7.00	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
6.75	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
6.50	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
6.25	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
6.00	100.00%	\$0.00	\$426.97	\$1,338.42	\$0.00	\$0.00	\$0.00	\$0.00	\$6.50
5.75	95.83%	\$70.79	\$497.76	\$1,409.21	\$6.60	\$1.62	\$2.04	\$0.56	\$7.06
5.50	91.67%	\$141.40	\$568.37	\$1,479.82	\$13.18	\$3.23	\$4.07	\$1.12	\$7.62
5.25	87.50%	\$212.19	\$639.16	\$1,550.61	\$19.79	\$4.84	\$6.11	\$1.68	\$8.18
5.00	83.33%	\$282.97	\$709.94	\$1,621.39	\$26.39	\$6.46	\$8.15	\$2.24	\$8.74
4.75	79.17%	\$353.59	\$780.56	\$1,692.01	\$32.97	\$8.07	\$10.19	\$2.80	\$9.30
4.50	75.00%	\$424.37	\$851.34	\$1,762.79	\$39.57	\$9.69	\$12.23	\$3.36	\$9.86
4.25	70.83%	\$495.16	\$922.13	\$1,833.58	\$46.17	\$11.30	\$14.26	\$3.92	\$10.42
4.00	66.67%	\$565.77	\$992.74	\$1,904.19	\$52.75	\$12.91	\$16.30	\$4.48	\$10.98