

## HEALTH BENEFITS PREMIUM CONTRIBUTION CALCULATIONS EFFECTIVE JANUARY 1, 2024

The rates below are BASED on 1.00 FTE Employee

MSD Contribution amount will be prorated if employee is less than 1.0 FTE

											United		United		United		United	
							Sı	utter Health	Sut	ter Health	Н	ealthcare	н	ealthcare	н	ealthcare	н	ealthcare
(A) PREMIUM	Kais	er \$5	Kaiser \$15		Kaiser DHMO		Plus \$20		Plus DHMO		HMO \$15		HMO \$20		PPO 80/60		PPO 70/50	
Single	\$	1,226.19	\$	1,174.89	\$	1,082.24	\$	1,000.60	\$	817.20	\$	988.93	\$	928.09	\$	1,533.49	\$	1,568.43
Two Party	\$	2,452.37	\$	2,349.78	\$	2,164.48	\$	2,001.30	\$	1,634.50	\$	2,044.67	\$	1,917.02	\$	3,065.39	\$	3,136.85
Family	\$	3,470.11	\$	3,324.94	\$	3,062.72	\$	2,781.70	\$	2,271.80	\$	2,910.73	\$	2,727.02	\$	3,985.15	\$	4,078.58
% increase from 2023	:	11.61%	11.61%		11.61%		5.50%		5.48%		6.02%		6.02%		31.72%		38.50%	
												United		United		United		United
							Sı	utter Health	Sut	ter Health	He	ealthcare	Н	ealthcare	Н	ealthcare	Н	ealthcare
(B) Employer Share	Kais	er \$5	Kaiser \$15		Kaiser DHMO		Plus \$20		Plus DHMO		HMO \$15		HMO \$20		PPO 80/60		PPO 70/50	
Single	\$	949.40	\$	949.40	\$	949.40	\$	949.40	\$	817.20	\$	949.40	\$	928.09	\$	949.40	\$	949.40
Two Party	\$	1,898.78	\$	1,898.78	\$	1,898.78	\$	1,898.78	\$	1,634.50	\$	1,898.78	\$	1,898.78	\$	1,898.78	\$	1,898.78
Family	\$	2,686.80	\$	2,686.80	\$	2,686.80	\$	2,686.80	\$	2,271.80	\$	2,686.80	\$	2,686.80	\$	2,686.80	\$	2,686.80
												United		United		United		United
							Sı	utter Health	Sutter Health		Healthcare		Healthcare		Healthcare		Healthcare	
(C ) Employee Share	Kais	er \$5	Kaiser \$15 Kais		ser DHMO	Plus \$20		Plus DHMO		HMO \$15		HMO \$20		PPO 80/60		PPO 70/50		
Single	\$	276.79	\$	225.49	\$	132.84	\$	51.20	\$	-	\$	39.53	\$	-	\$	584.09	\$	619.03
Two Party	\$	553.59	\$	451.00	\$	265.70	\$	102.52	\$	-	\$	145.89	\$	18.24	\$	1,166.61	\$	1,238.07
Family	\$	783.31	\$	638.14	\$	375.92	\$	94.90	\$	-	\$	223.93	\$	40.22	\$	1,298.35	\$	1,391.78

				Employer	E	Employee				
		Rate	tate Share			Share				
DENTAL:							How to calculate the monthly "Employee Share"	for p	art-time e	mployees:
High Plan Option (Group#7103-00028):	\$	91.72	\$	91.72	\$	-				
Low Plan Option (Group#7103-00128):							Premium:	\$	1,226.19	(Enter Premium from Chart A)
Single	\$	42.70	\$	42.70	\$	-	Employer Share:	\$	949.40	(Enter Employer Share from Chart B)
Two Party	\$	86.53	\$	86.53	\$	-	Employee FTE:		0.75	(# of hours/week divided by 40)
Family	\$	122.11	\$	101.92	\$	20.19	Adjusted Employer Share:	\$	712.05	(Employer Share multiplied by Employee FTE)
							Employee Share:	\$	514.14	(Premium minus Adjusted Employer Share)
VISION (Group#30081849-0019):	\$	19.45	\$	19.45	\$	-				
				Employer		Employee				
LIFE INSURANCE:	Premium		ium Sha			Share				
Administrators (\$100k)	\$	18.35	\$	18.35	\$	-				
Supervisors (\$50k)	\$	8.35	\$	8.35	\$	-				
Classified Non-Management > 0.75fte	\$	6.75	\$	6.75	\$	-				
Certificated Non-Management > 0.50fte	\$	6.75	\$	6.75	\$	-				

## NOTES:

\*Above benefit chart is for MTA and CSEA members ONLY.

\*Confidential/Childcare Directors/Director of Buildings and Grounds: District CAP for health benefits is the Kaiser Single CAP of \$949.40, and Two-party contribution of \$1,046.54. Employer pays 100% of dental and vision premiums.

District CAP is pro-rated for part-time employees.

\*Certificated Administrators (Principals/Directors): District CAP for health benefits is \$786.54 and employer pays 100% dental and vision premiums.

\*Classified Administrator (CBO): 100% of health is paid by employee and employer pays 100% of dental and vision premiums.