2024 Certificated/Classified*/Management



2024 Employee Monthly Premiums (Amount the employee pays)

Rates include Delta Dental PPO, VSP vision plan, and group life insurance.

Health Plan Options	Single	Two-Party	Family
Kaiser	\$105.29	\$191.38	\$256.04
UnitedHealthcare Plans			
Harmony HMO \$20	\$72.29	\$124.38	\$151.04
Network 1 HMO	\$142.29	\$277.38	\$368.04
Network 3 HMO (Includes Scripps Clinic)	\$216.29	\$271.38	\$362.04
Alliance HMO \$20 (Includes Scripps Clinic)	\$221.29	\$400.38	\$530.04
Journey Harmony HMO			
With Deductible & HRA	\$70.29	\$84.38	\$90.04
Journey Alliance HMO (Includes Scripps Clinic)			
With Deductible & HRA	\$71.29	\$97.38	\$113.04
NEXUS ACO Select Plus PPO	\$1,109.29	\$2,166.38	\$3,016.04

^{*}Classified Monthly Rates - (12 Month or 209 Day Work Calendars)

Classified Employees who regularly receive twelve pay check will fall under these monthly rates.

Delta Dental Premier is closed to new enrollments

The Employee Premium for employees already enrolled in Delta Dental Premier is an additional \$35.18 monthly

2024 District Contributions (Amount the District contributes)

	Single	Two-Party	Family
Monthly	\$773.92	\$1,437.83	\$1,995.17
Annually	\$9,287.00	\$17,254.00	\$23,942.00