



2024 Employee Monthly/Tenthly Premiums *(Amount the employee pays)*

Monthly Rates: (12 Month or 209 Day Work Calendars) Employees who regularly receive twelve pay checks will fall under the "Monthly" column.

Tenthly Rates: Classified Only (Less than 209 Day Work Calendars) Employees who regularly receive less than twelve pay checks will fall under the "Tenthly" column

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

Health Plan Options	Monthly Rates			Tenthly Rates		
	Single	Two-Party	Family	Single	Two-Party	Family
<i>Kaiser</i>	\$105.29	\$191.38	\$256.04	\$126.35	\$229.65	\$306.85
UnitedHealthcare Plans						
<i>Harmony HMO \$20</i>	\$72.29	\$124.38	\$151.04	\$86.35	\$149.65	\$180.85
<i>Network 1</i>	\$142.29	\$277.38	\$368.04	\$170.35	\$332.65	\$441.85
<i>Network 3 (Includes Scripps Clinic)</i>	\$216.29	\$271.38	\$362.04	\$259.35	\$325.65	\$434.85
<i>Alliance HMO \$20 (Includes Scripps Clinic)</i>	\$221.29	\$400.38	\$530.04	\$235.35	\$480.65	\$635.85
<i>Journey Harmony HMO With Deductible & HRA</i>	\$70.29	\$84.38	\$90.04	\$84.35	\$101.65	\$107.85
<i>Journey Alliance (Includes Scripps Clinic) With Deductible & HRA</i>	\$71.29	\$97.38	\$113.04	\$85.35	\$116.65	\$135.85
<i>NexusACO Select Plus PPO (no HRA)</i>	\$1,109.29	\$2,166.38	\$3,016.04	\$1,331.35	\$2,599.65	\$3,618.85

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 (\$42.22 tenthly).

2024 District Contributions *(Amount the District contributes)*

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