MADERA UNIFIED SCHOOL DISTRICT

HEALTH BENEFIT RATES

2023-2024

Health Plans	Anthem Blue Cross PPO Plan 1 - Rx A			Anthem Blue Cross PPO Plan 3 - Rx A			Anthem Blue Cross PPO Plan 4 - Rx A			Anthem Blue Cross PPO Plan 7 - Rx B		
Plan Package	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**
Medical	19,380.00	1,615.00	1,761.82	17,976.00	1,498.00	1,634.18	17,316.00	1,443.00	1,574.18	15,780.00	1,315.00	1,434.55
Vision	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71
Dental	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68
Total Cost	20,880.36	1,740.03	1,898.21	19,476.36	1,623.03	1,770.58	18,816.36	1,568.03	1,710.58	17,280.36	1,440.03	1,570.94
Employer (ER) Contribution	19,947.71	1,662.31	1,813.43	19,476.36	1,623.03	1,770.58	18,816.36	1,568.03	1,710.58	17,280.36	1,440.03	1,570.94
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	***932.65***	***77.72***	***84.79***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***

Health Plans	Kaiser 1 - HMO			Kaiser 3 - HMO			Kaiser 6 - HMO			Kaiser 8 - HMO		
Plan Package	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**
Medical	22,452.00	1,871.00	2,041.09	20,496.00	1708.00	1,863.27	17,856.00	1,488.00	1,623.27	16,404.00	1,367.00	1,491.27
Vision	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71
Dental	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68
Total Cost	23,952.36	1,996.03	2,177.49	21,996.36	1,833.03	1,999.67	19,356.36	1,613.03	1,759.67	17,904.36	1,492.03	1,627.67
Employer's Contribution	19,947.71	1,662.31	1,813.43	19,947.71	1,662.31	1,813.43	19,356.36	1,613.03	1,759.67	17,904.36	1,492.03	1,627.67
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	***4,004.65***	***333.72***	***364.06***	***2,048.65***	***170.72***	***186.24***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***

Health Plan	Kaiser 1 - Wellness			High Deductible Health Plan (HDHP) 1			Anthem Wellness PPO Plan 1 - Rx C			CVT Bronze Plan		
Plan Package	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**	**Annual**	**12 mo EE**	**11 mo EE**
Medical	18,348.00	1,529.00	1,668.00	11,004.00	917.00	1,000.36	16,020.00	1,335.00	1,456.36	9,072.00	756.00	824.73
Vision	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71
Dental	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68
Total Cost	19,848.36	1,654.03	1,804.40	12,504.36	1,042.03	1,136.76	17,520.36	1,460.03	1,592.76	10,572.36	881.03	961.12
Employer's Contribution	19,848.36	1,654.03	1,804.40	12,504.36	1,042.03	1,136.76	17,520.36	1,460.03	1,592.76	10,572.36	881.03	961.12
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***

NOTE *: Health Plans equal or below the employers contribution, employees will have a zero (0.00) contribution.*

Updated: 5/5/2023