

MADERA UNIFIED SCHOOL DISTRICT
HEALTH BENEFIT RATES W/ ORTHO BENEFIT
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	1,207.44	100.62	109.77	1,207.44	100.62	109.77	1,207.44	100.62	109.77	1,207.44	100.62	109.77
Total Cost	20,804.28	1,733.69	1,891.30	19,400.28	1,616.69	1,763.66	18,740.28	1,561.69	1,703.66	17,204.28	1,433.69	1,564.03
Employer (ER) Contribution	19,947.71	1,662.31	1,813.43	19,400.28	1,616.69	1,763.66	18,740.28	1,561.69	1,703.66	17,204.28	1,433.69	1,564.03
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	856.57	71.38	77.87	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	1,708.00	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	1,207.44	100.62	109.77	1,207.44	100.62	109.77	1,207.44	100.62	109.77	1,207.44	100.62	109.77
Total Cost	23,876.28	1,989.69	2,170.57	21,920.28	1,826.69	1,992.75	19,280.28	1,606.69	1,752.75	17,828.28	1,485.69	1,620.75
Employer's Contribution	19,947.71	1,662.31	1,813.43	19,947.71	1,662.31	1,813.43	19,280.28	1,606.69	1,752.75	17,828.28	1,485.69	1,620.75
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	3,928.57	327.38	357.14	1,972.57	164.38	179.32	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	1,207.44	100.62	109.77	1,207.44	100.62	109.77	1,207.44	100.62	109.77	1,207.44	100.62	109.77
Total Cost	19,772.28	1,647.69	1,797.48	12,428.28	1,035.69	1,129.84	17,444.28	1,453.69	1,585.84	10,496.28	874.69	954.21
Employer's Contribution	19,772.28	1,647.69	1,797.48	12,428.28	1,035.69	1,129.84	17,444.28	1,453.69	1,585.84	10,496.28	874.69	954.21
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