

DCSD 7/1/2023 Rate Table

FULL-TIME

United Healthcare - Monthly Full-time					
PPO	Full-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$71.66	\$0.00	\$668.00	\$739.66	\$754.45
Employee + Spouse	\$648.90	\$0.00	\$830.42	\$1,479.32	\$1,508.91
Employee + Child(ren)	\$631.82	\$0.00	\$804.94	\$1,436.76	\$1,465.50
Family (Employee + Spouse + Children)	\$970.36	\$0.00	\$1,341.61	\$2,311.97	\$2,358.21
CDP	Full-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$31.12	\$0.00	\$605.51	\$636.63	\$649.36
Employee + Spouse	\$228.42	\$0.00	\$1,044.86	\$1,273.28	\$1,298.75
Employee + Child(ren)	\$215.99	\$0.00	\$1,020.65	\$1,236.64	\$1,261.37
Family (Employee + Spouse + Children)	\$388.52	\$0.00	\$1,601.43	\$1,989.95	\$2,029.75
HDHP	Full-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$41.49	\$100.00	\$641.03	\$682.52	\$696.17
Employee + Spouse	\$304.56	\$100.00	\$1,059.51	\$1,364.07	\$1,391.35
Employee + Child(ren)	\$287.99	\$100.00	\$1,036.86	\$1,324.85	\$1,351.35
Family (Employee + Spouse + Children)	\$518.02	\$100.00	\$1,613.27	\$2,131.29	\$2,173.92
Kaiser - Monthly Full-time					
HMO	Full-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$12.25	\$0.00	\$722.75	\$735.00	\$749.70
Employee + Spouse	\$535.10	\$0.00	\$971.66	\$1,506.76	\$1,536.90
Employee + Child(ren)	\$513.70	\$0.00	\$956.31	\$1,470.01	\$1,499.41
Family (Employee + Spouse + Children)	\$796.38	\$0.00	\$1,327.78	\$2,124.16	\$2,166.64
HDHP	Full-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$8.73	\$100.00	\$490.01	\$498.74	\$508.71
Employee + Spouse	\$192.90	\$100.00	\$829.52	\$1,022.42	\$1,042.87
Employee + Child(ren)	\$172.46	\$100.00	\$825.02	\$997.48	\$1,017.43
Family (Employee + Spouse + Children)	\$350.34	\$100.00	\$1,091.02	\$1,441.36	\$1,470.19
Delta					
Premier Plus	Full-time Employee Contribution		District Contribution	Total Premium	COBRA Premium
Employee	\$25.59		\$15.89	\$41.48	\$42.31
Employee + Spouse	\$64.97		\$17.99	\$82.96	\$84.62
Employee + Child(ren)	\$74.82		\$18.52	\$93.34	\$95.21
Family (Employee + Spouse + Children)	\$126.00		\$21.25	\$147.25	\$150.20
Preventive Basic	Full-time Employee Contribution		District Contribution	Total Premium	COBRA Premium
Employee	\$0.00		\$14.28	\$14.28	\$14.57
Employee + Spouse	\$14.28		\$14.28	\$28.56	\$29.13
Employee + Child(ren)	\$17.22		\$14.91	\$32.13	\$32.77
Family (Employee + Spouse + Children)	\$35.13		\$15.56	\$50.69	\$51.70
VSP					
Vision Plan	Full-time Employee Contribution		District Contribution	Total Premium	COBRA Premium
Employee	\$7.90		\$0.00	\$7.90	\$8.06
Employee + Spouse	\$17.81		\$0.00	\$17.81	\$18.17
Employee + Child(ren)	\$19.27		\$0.00	\$19.27	\$19.66
Family (Employee + Spouse + Children)	\$30.80		\$0.00	\$30.80	\$31.42