

**CENTRAL UNION HIGH SCHOOL DISTRICT  
INSURANCE RATE SCHEDULE  
Certificated and Administration**

Medical	*The Hartford Life	VSP Vision	Delta Dental	Total	Dist. Cap	Employee Cost 12thly	Payroll Deductions: Employee Cost			
							Delta Dental		SIMNSA Dental*	
							Sep-June, 10thly	(August)	Sep-June, 10thly	(August)

**SISC Anthem Blue Cross Plan, 40662A 100% \$10 Copay**

Employee Only	938.00	2.77	17.86	76.30	1034.93	916.93	118.00	129.80	118.00	90.04	81.85
Plus 1 Dependent	1606.00	4.30	17.86	76.30	1704.46	916.93	787.53	866.28	787.53	826.52	751.38
Plus 2 or More Dependents	1859.00	4.30	17.86	76.30	1957.46	916.93	1040.53	1144.58	1040.53	1104.82	1004.38

**SISC Anthem Blue Cross Plan, 40662C 100% \$20 copay**

Employee Only	868.00	2.77	17.86	76.30	964.93	916.93	48.00	52.80	48.00	0.00	0.00
Plus 1 Dependent	1485.00	4.30	17.86	76.30	1583.46	916.93	666.53	733.18	666.53	693.42	630.38
Plus 2 or More Dependents	1713.00	4.30	17.86	76.30	1811.46	916.93	894.53	983.98	894.53	944.22	858.38

**SISC Anthem Blue Cross Plan, 40662F 90% \$30 copay**

Employee Only	813.00	2.77	17.86	76.30	909.93	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1391.00	4.30	17.86	76.30	1489.46	916.93	572.53	629.78	572.53	590.02	536.38
Plus 2 or More Dependents	1610.00	4.30	17.86	76.30	1708.46	916.93	791.53	870.68	791.53	830.92	755.38

**SISC Anthem Blue Cross Plan, 40662B 80% \$20 copay**

Employee Only	750.00	2.77	17.86	76.30	846.93	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1282.00	4.30	17.86	76.30	1380.46	916.93	463.53	509.88	463.53	470.12	427.38
Plus 2 or More Dependents	1482.00	4.30	17.86	76.30	1580.46	916.93	663.53	729.88	663.53	690.12	627.38

**SISC Anthem Blue Cross Plan, 40725A 80% \$30 copay**

Employee Only	672.00	2.77	17.86	76.30	768.93	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1149.00	4.30	17.86	76.30	1247.46	916.93	330.53	363.58	330.53	323.82	294.38
Plus 2 or More Dependents	1331.00	4.30	17.86	76.30	1429.46	916.93	512.53	563.78	512.53	524.02	476.38

**SIMNSA**

Employee Only	249.00	2.77	17.86	76.30	345.93	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	436.00	4.30	17.86	76.30	534.46	916.93	0.00	0.00	0.00	0.00	0.00
Plus 2 or More Dependents	639.00	4.30	17.86	76.30	737.46	916.93	0.00	0.00	0.00	0.00	0.00

**DISTRICT CAP:**

Full Time Employees	916.93
80% Employees	733.54
60% Employees	550.16

\* SIMNSA Dental is available on a voluntary (additional payroll deduction) pre-tax basis for \$40.15 per month if you would like to be enrolled in both dental plans.