

**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	943.00	5.14	20.54	68.67	1037.35	916.93	120.42	132.46	120.42	102.40	93.09
Plus 1 Dependent	1614.00	8.14	20.54	68.67	1711.35	916.93	794.42	873.86	794.42	843.80	767.09
Plus 2 or More Dependents	1868.00	8.14	20.54	68.67	1965.35	916.93	1048.42	1153.26	1048.42	1123.20	1021.09

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

Employee Only	872.00	5.14	20.54	68.67	966.35	916.93	49.42	54.36	49.42	24.30	22.09
Plus 1 Dependent	1493.00	8.14	20.54	68.67	1590.35	916.93	673.42	740.76	673.42	710.70	646.09
Plus 2 or More Dependents	1722.00	8.14	20.54	68.67	1819.35	916.93	902.42	992.66	902.42	962.60	875.09

SISC Anthem Blue Cross Plan, 40662F 90% \$20 copay

Employee Only	817.00	5.14	20.54	68.67	911.35	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1398.00	8.14	20.54	68.67	1495.35	916.93	578.42	636.26	578.42	606.20	551.09
Plus 2 or More Dependents	1618.00	8.14	20.54	68.67	1715.35	916.93	798.42	878.26	798.42	848.20	771.09

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

Employee Only	753.00	5.14	20.54	68.67	847.35	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1288.00	8.14	20.54	68.67	1385.35	916.93	468.42	515.26	468.42	485.20	441.09
Plus 2 or More Dependents	1489.00	8.14	20.54	68.67	1586.35	916.93	669.42	736.36	669.42	706.30	642.09

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

Employee Only	675.00	5.14	20.54	68.67	769.35	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1154.00	8.14	20.54	68.67	1251.35	916.93	334.42	367.86	334.42	337.80	307.09
Plus 2 or More Dependents	1336.00	8.14	20.54	68.67	1433.35	916.93	516.42	568.06	516.42	538.00	489.09

SIMNSA

Employee Only	256.00	5.14	20.54	68.67	350.35	916.93	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	449.00	8.14	20.54	68.67	546.35	916.93	0.00	0.00	0.00	0.00	0.00
Plus 2 or More Dependents	658.00	8.14	20.54	68.67	755.35	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 \$41.34 per month if you would like to be enrolled in both dental plans.