

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

| Medical | The Hartford Life | VSP Vision | Delta Dental | Total | Dist. Cap | Employee Cost Monthly |
|---------|-------------------|------------|--------------|-------|-----------|-----------------------|
|---------|-------------------|------------|--------------|-------|-----------|-----------------------|

| Payroll Deductions: Employee Cost |           |                  |           |
|-----------------------------------|-----------|------------------|-----------|
| Delta Dental                      |           | SIMNSA Dental*   |           |
| Sep-June, 10thly                  | (Monthly) | Sep-June, 10thly | (Monthly) |

**SISC Anthem Blue Cross Plan, 40662A, 100% \$10 Copay, Rx 7-25**

|                           |      |      |       |       |         |        |         |
|---------------------------|------|------|-------|-------|---------|--------|---------|
| Employee Only             | 955  | 5.14 | 20.54 | 68.67 | 1049.35 | 966.35 | 83.00   |
| Plus 1 Dependent          | 1635 | 8.14 | 20.54 | 68.67 | 1732.35 | 966.35 | 766.00  |
| Plus 2 or More Dependents | 1894 | 8.14 | 20.54 | 68.67 | 1991.35 | 966.35 | 1025.00 |

|         |         |         |        |
|---------|---------|---------|--------|
| 91.30   | 83.00   | 62.15   | 56.50  |
| 842.60  | 766.00  | 813.45  | 739.50 |
| 1127.50 | 1025.00 | 1098.35 | 998.50 |

**SISC Anthem Blue Cross Plan, 40662C 100% \$20 copay, Rx 200/10-35**

|                           |      |      |       |       |         |        |        |
|---------------------------|------|------|-------|-------|---------|--------|--------|
| Employee Only             | 884  | 5.14 | 20.54 | 68.67 | 978.35  | 966.35 | 12.00  |
| Plus 1 Dependent          | 1514 | 8.14 | 20.54 | 68.67 | 1611.35 | 966.35 | 645.00 |
| Plus 2 or More Dependents | 1747 | 8.14 | 20.54 | 68.67 | 1844.35 | 966.35 | 878.00 |

|        |        |        |        |
|--------|--------|--------|--------|
| 13.20  | 12.00  | 0.00   | 0.00   |
| 709.50 | 645.00 | 680.35 | 618.50 |
| 965.80 | 878.00 | 936.65 | 851.50 |

**SISC Anthem Blue Cross Plan, 40662F 90% \$20 copay, Rx \$9/\$35**

|                           |      |      |       |       |         |        |        |
|---------------------------|------|------|-------|-------|---------|--------|--------|
| Employee Only             | 829  | 5.14 | 20.54 | 68.67 | 923.35  | 966.35 | \$0.00 |
| Plus 1 Dependent          | 1418 | 8.14 | 20.54 | 68.67 | 1515.35 | 966.35 | 549.00 |
| Plus 2 or More Dependents | 1644 | 8.14 | 20.54 | 68.67 | 1741.35 | 966.35 | 775.00 |

|        |        |        |        |
|--------|--------|--------|--------|
| 0.00   | 0.00   | 0.00   | 0.00   |
| 603.90 | 549.00 | 574.75 | 522.50 |
| 852.50 | 775.00 | 823.35 | 748.50 |

**SISC Anthem Blue Cross Plan, 40662B 80% \$20 copay, Rx 200/10-35**

|                           |      |      |       |       |         |        |        |
|---------------------------|------|------|-------|-------|---------|--------|--------|
| Employee Only             | 765  | 5.14 | 20.54 | 68.67 | 859.35  | 966.35 | \$0.00 |
| Plus 1 Dependent          | 1309 | 8.14 | 20.54 | 68.67 | 1406.35 | 966.35 | 440.00 |
| Plus 2 or More Dependents | 1514 | 8.14 | 20.54 | 68.67 | 1611.35 | 966.35 | 645.00 |

|        |        |        |        |
|--------|--------|--------|--------|
| 0.00   | 0.00   | 0.00   | 0.00   |
| 484.00 | 440.00 | 454.85 | 413.50 |
| 709.50 | 645.00 | 680.35 | 618.50 |

**SISC Anthem Blue Cross Plan, 40725A 80% \$30 copay, Rx 200/10-35**

|                           |      |      |       |       |         |        |          |
|---------------------------|------|------|-------|-------|---------|--------|----------|
| Employee Only             | 687  | 5.14 | 20.54 | 68.67 | 781.35  | 966.35 | \$0.00   |
| Plus 1 Dependent          | 1175 | 8.14 | 20.54 | 68.67 | 1272.35 | 966.35 | \$306.00 |
| Plus 2 or More Dependents | 1362 | 8.14 | 20.54 | 68.67 | 1459.35 | 966.35 | 493.00   |

|        |        |        |        |
|--------|--------|--------|--------|
| 0.00   | 0.00   | 0.00   | 0.00   |
| 336.60 | 306.00 | 307.45 | 279.50 |
| 542.30 | 493.00 | 513.15 | 466.50 |

**SIMNSA**

|                           |     |      |       |       |        |        |      |
|---------------------------|-----|------|-------|-------|--------|--------|------|
| Employee Only             | 266 | 5.14 | 20.54 | 68.67 | 360.35 | 966.35 | 0.00 |
| Plus 1 Dependent          | 466 | 8.14 | 20.54 | 68.67 | 563.35 | 966.35 | 0.00 |
| Plus 2 or More Dependents | 684 | 8.14 | 20.54 | 68.67 | 781.35 | 966.35 | 0.00 |

|      |      |      |      |
|------|------|------|------|
| 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 |

**DISTRICT CAP:**

|                     |        |
|---------------------|--------|
| Full Time Employees | 966.35 |
| 80% Employees       | 773.08 |
| 60% Employees       | 579.81 |

\* SIMNSA Dental is available on a voluntary (additional payroll deduction) pre-tax basis for \$42.17 per month if you would like to be enrolled in both dental plans.