

CENTRAL UNION HIGH SCHOOL DISTRICT
INSURANCE RATE SCHEDULE
 Certificated and Administration

Renewal Date
 October 1, 2022

Medical	The Hartford Life	VSP Vision	Delta Dental +5.27%	Total	District Cap	Employee Cost Monthly	Payroll Deductions: Employee Cost			
							Delta Dental		SIMNSA Dental* 3% Increase	
							Sep-June, 10thly	(Monthly)	Sep-June, 10thly	(Monthly)

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

Employee Only	1018	5.14	20.54	72.29	1115.97	966.35	149.62	164.58	149.62	132.85	120.77
Plus 1 Dependent	1743	8.14	20.54	72.29	1843.97	966.35	877.62	965.38	877.62	933.65	848.77
Plus 2 or More Dependents	2016	8.14	20.54	72.29	2116.97	966.35	1150.62	1265.68	1150.62	1233.95	1121.77

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

Employee Only	944	5.14	20.54	72.29	1041.97	966.35	75.62	83.18	75.62	51.45	46.77
Plus 1 Dependent	1616	8.14	20.54	72.29	1716.97	966.35	750.62	825.68	750.62	793.95	721.77
Plus 2 or More Dependents	1863	8.14	20.54	72.29	1963.97	966.35	997.62	1097.38	997.62	1065.65	968.77

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

Employee Only	891	5.14	20.54	72.29	988.97	966.35	22.62	24.88	22.62	0.00	0.00
Plus 1 Dependent	1526	8.14	20.54	72.29	1626.97	966.35	660.62	726.68	660.62	694.95	631.77
Plus 2 or More Dependents	1765	8.14	20.54	72.29	1865.97	966.35	899.62	989.58	899.62	957.85	870.77

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

Employee Only	814	5.14	20.54	72.29	911.97	966.35	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1393	8.14	20.54	72.29	1493.97	966.35	527.62	580.38	527.62	548.65	498.77
Plus 2 or More Dependents	1609	8.14	20.54	72.29	1709.97	966.35	743.62	817.98	743.62	786.25	714.77

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

Employee Only	729	5.14	20.54	72.29	826.97	966.35	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1247	8.14	20.54	72.29	1347.97	966.35	381.62	419.78	381.62	388.05	352.77
Plus 2 or More Dependents	1443	8.14	20.54	72.29	1543.97	966.35	577.62	635.38	577.62	603.65	548.77

SIMNSA , 379, \$5 copay, \$5 Rx

Employee Only	281	5.14	20.54	72.29	378.97	966.35	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	493	8.14	20.54	72.29	593.97	966.35	0.00	0.00	0.00	0.00	0.00
Plus 2 or More Dependents	724	8.14	20.54	72.29	824.97	966.35	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 \$43.44 per month if you would like to be enrolled in both dental plans.