

## Existing Full Time Faculty with EyeMed (12 Month)

### EMPLOYEE CONTRIBUTIONS 2023-2024

AMOUNTS LISTED ARE THE EMPLOYEES SHARE OF THE MONTHLY PREMIUM AND INCLUDE THE DISTRICT CONTRIBUTION; DEDUCTIONS INCLUDE MEDICAL, DENTAL, VISION AND GTL

ANTHEM HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
HMO 20 - Delta PPO	\$0.00	\$741.40	\$494.16	\$1,129.41
HMO 20 - Delta Incentive*	\$0.00	\$740.60	\$493.36	\$1,128.61
HMO 20 - Anthem PPO	\$0.00	\$726.04	\$478.80	\$1,114.05
HMO 20 - MetLife DHMO	\$0.00	\$678.78	\$433.53	\$1,068.78
HMO 30 - Delta PPO	\$0.00	\$626.72	\$395.87	\$968.31
HMO 30 - Delta Incentive*	\$0.00	\$625.92	\$395.07	\$967.51
HMO 30 - Anthem PPO	\$0.00	\$611.36	\$380.51	\$952.95
HMO 30 - MetLife DHMO	\$0.00	\$564.10	\$335.24	\$907.68
DMHO 500 - Delta PPO	\$0.00	\$475.33	\$266.10	\$755.65
DHMO 500 - Delta Incentive*	\$0.00	\$474.53	\$265.30	\$754.85
DHMO 500 - Anthem PPO	\$0.00	\$459.97	\$250.74	\$740.29
DHMO 500 - MetLife DHMO	\$0.00	\$412.71	\$205.47	\$695.02

KAISER HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO 20 - Delta PPO	\$0.00	\$635.75	\$488.14	\$913.65
Kaiser HMO 20 - Delta Incentive*	\$0.00	\$634.95	\$487.34	\$912.85
Kaiser HMO 20 - Anthem PPO	\$0.00	\$620.39	\$472.78	\$898.29
Kaiser HMO 20 - MetLife DHMO	\$0.00	\$573.13	\$427.51	\$853.02
Kaiser DHMO 500 - Delta PPO	\$0.00	\$369.97	\$246.55	\$551.25
Kaiser DHMO 500 - Delta Incentive*	\$0.00	\$369.17	\$245.75	\$550.45
Kaiser DHMO 500 - Anthem PPO	\$0.00	\$354.61	\$231.19	\$535.89
Kaiser DHMO 500 - MetLife DHMO	\$0.00	\$307.35	\$185.92	\$490.62
Kaiser HSA - Delta PPO	\$0.00	\$251.66	\$138.96	\$389.89
Kaiser HSA - Delta Incentive*	\$0.00	\$250.86	\$138.16	\$389.09
Kaiser HSA - Anthem PPO	\$0.00	\$236.30	\$123.60	\$374.53
Kaiser HSA - MetLife DHMO	\$0.00	\$189.04	\$78.33	\$329.26

ANTHEM PPO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO 500 - Delta PPO	\$0.00	\$2,617.14	\$2,101.94	\$3,764.38
PPO 500 - Delta Incentive*	\$0.00	\$2,616.34	\$2,101.14	\$3,763.58
PPO 500 - Anthem PPO	\$0.00	\$2,601.78	\$2,086.58	\$3,749.02
PPO 500 - MetLife DHMO	\$0.00	\$2,554.52	\$2,041.31	\$3,703.75
PPO 750 - Delta PPO	\$0.00	\$2,259.47	\$1,795.37	\$3,261.94
PPO 750 - Delta Incentive*	\$0.00	\$2,258.67	\$1,794.57	\$3,261.14
PPO 750 - Anthem PPO	\$0.00	\$2,244.11	\$1,780.01	\$3,246.58
PPO 750 - MetLife DHMO	\$0.00	\$2,196.85	\$1,734.74	\$3,201.31
PPO ESS - Delta PPO	\$0.00	\$1,389.04	\$1,049.28	\$2,039.19
PPO ESS - Delta Incentive*	\$0.00	\$1,388.24	\$1,048.48	\$2,038.39
PPO ESS - Anthem PPO	\$0.00	\$1,373.68	\$1,033.92	\$2,023.83
PPO ESS - MetLife DHMO	\$0.00	\$1,326.42	\$988.65	\$1,978.56
PPO HSA - Delta PPO	\$0.00	\$1,024.84	\$737.11	\$1,527.58
PPO HSA -Delta Incentive*	\$0.00	\$1,024.04	\$736.31	\$1,526.78
PPO HSA - Anthem PPO	\$0.00	\$1,009.48	\$721.75	\$1,512.22
PPO HSA -MetLife DHMO	\$0.00	\$962.22	\$676.48	\$1,466.95

\*\*\*EE ONLY PPO COVERAGE RATE OF 100% DISTRICT PAID IS FOR EXISTING PPO MEMBERS ONLY\*\*\*

MINIMUM VALUE MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser MVP - Delta PPO	\$0.00	\$40.05	\$0.00	\$101.38
Kaiser MVP - Delta Incentive*	\$0.00	\$39.25	\$0.00	\$100.58
Kaiser MVP - Anthem PPO	\$0.00	\$24.69	\$0.00	\$86.02
Kaiser MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$40.75
PPO CHOICE MVP - Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Delta Incentive* (NA)	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Anthem PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$0.00

**IMPORTANT:** If you have 2 or more children on a METLIFE Dental Plan there is an additional cost of \$1.99 per month.

\*PLEASE NOTE: Delta Incentive\* is not available for new enrollments.



**Medical, Dental, Vision And Term Life ( please click here).**  
To review Benefit Plan Summaries, please visit our page and select Health & Welfare dropdown.

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## Existing Full Time Faculty with EyeMed (11 Month)

### EMPLOYEE CONTRIBUTIONS 2023-2024

AMOUNTS LISTED ARE THE EMPLOYEES SHARE OF THE MONTHLY PREMIUM AND INCLUDE THE DISTRICT CONTRIBUTION; DEDUCTIONS INCLUDE MEDICAL, DENTAL, VISION AND GTL

ANTHEM HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
HMO 20 - Delta PPO	\$0.00	\$808.80	\$539.08	\$1,232.08
HMO 20 - Delta Incentive*	\$0.00	\$807.93	\$538.21	\$1,231.21
HMO 20 - Anthem PPO	\$0.00	\$792.04	\$522.33	\$1,215.33
HMO 20 - MetLife DHMO	\$0.00	\$740.49	\$472.94	\$1,165.94
HMO 30 - Delta PPO	\$0.00	\$683.69	\$431.86	\$1,056.34
HMO 30 - Delta Incentive*	\$0.00	\$682.82	\$430.99	\$1,055.47
HMO 30 - Anthem PPO	\$0.00	\$666.94	\$415.10	\$1,039.58
HMO 30 - MetLife DHMO	\$0.00	\$615.38	\$365.72	\$990.20
DMHO 500 - Delta PPO	\$0.00	\$518.54	\$290.29	\$824.35
DHMO 500 - Delta Incentive*	\$0.00	\$517.67	\$289.42	\$823.47
DHMO 500 - Anthem PPO	\$0.00	\$501.79	\$273.53	\$807.59
DHMO 500 - MetLife DHMO	\$0.00	\$450.23	\$224.15	\$758.20

KAISER HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO 20 - Delta PPO	\$0.00	\$693.55	\$532.52	\$996.71
Kaiser HMO 20 - Delta Incentive*	\$0.00	\$692.67	\$531.64	\$995.84
Kaiser HMO 20 - Anthem PPO	\$0.00	\$676.79	\$515.76	\$979.95
Kaiser HMO 20 - MetLife DHMO	\$0.00	\$625.23	\$466.37	\$930.57
Kaiser DHMO 500 - Delta PPO	\$0.00	\$403.60	\$268.96	\$601.36
Kaiser DHMO 500 - Delta Incentive*	\$0.00	\$402.73	\$268.09	\$600.49
Kaiser DHMO 500 - Anthem PPO	\$0.00	\$386.85	\$252.21	\$584.61
Kaiser DHMO 500 - MetLife DHMO	\$0.00	\$335.29	\$202.82	\$535.22
Kaiser HSA - Delta PPO	\$0.00	\$274.54	\$151.59	\$425.33
Kaiser HSA - Delta Incentive*	\$0.00	\$273.67	\$150.72	\$424.46
Kaiser HSA - Anthem PPO	\$0.00	\$257.78	\$134.84	\$408.58
Kaiser HSA - MetLife DHMO	\$0.00	\$206.23	\$85.45	\$359.19

ANTHEM PPO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO 500 - Delta PPO	\$0.00	\$2,855.06	\$2,293.03	\$4,106.60
PPO 500 - Delta Incentive*	\$0.00	\$2,854.19	\$2,292.15	\$4,105.72
PPO 500 - Anthem PPO	\$0.00	\$2,838.31	\$2,276.27	\$4,089.84
PPO 500 - MetLife DHMO	\$0.00	\$2,786.75	\$2,226.88	\$4,040.45
PPO 750 - Delta PPO	\$0.00	\$2,464.88	\$1,958.59	\$3,558.48
PPO 750 - Delta Incentive*	\$0.00	\$2,464.00	\$1,957.71	\$3,557.61
PPO 750 - Anthem PPO	\$0.00	\$2,448.12	\$1,941.83	\$3,541.72
PPO 750 - MetLife DHMO	\$0.00	\$2,396.56	\$1,892.44	\$3,492.34
PPO ESS - Delta PPO	\$0.00	\$1,515.32	\$1,144.67	\$2,224.57
PPO ESS - Delta Incentive*	\$0.00	\$1,514.44	\$1,143.80	\$2,223.70
PPO ESS - Anthem PPO	\$0.00	\$1,498.56	\$1,127.91	\$2,207.81
PPO ESS - MetLife DHMO	\$0.00	\$1,447.00	\$1,078.53	\$2,158.43
PPO HSA - Delta PPO	\$0.00	\$1,118.01	\$804.12	\$1,666.45
PPO HSA -Delta Incentive*	\$0.00	\$1,117.13	\$803.25	\$1,665.58
PPO HSA - Anthem PPO	\$0.00	\$1,101.25	\$787.36	\$1,649.69
PPO HSA -MetLife DHMO	\$0.00	\$1,049.69	\$737.98	\$1,600.31

MINIMUM VALUE MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser MVP - Delta PPO	\$0.00	\$43.69	\$0.00	\$110.60
Kaiser MVP - Delta Incentive*	\$0.00	\$42.82	\$0.00	\$109.72
Kaiser MVP - Anthem PPO	\$0.00	\$26.93	\$0.00	\$93.84
Kaiser MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$44.45
PPO CHOICE MVP - Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Delta Incentive* (NA)	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Anthem PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$0.00

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## Existing Full Time Faculty with EyeMed (10 Month)

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ANTHEM HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
HMO 20 - Delta PPO	\$0.00	\$889.68	\$592.99	\$1,355.29
HMO 20 - Delta Incentive*	\$0.00	\$888.72	\$592.03	\$1,354.33
HMO 20 - Anthem PPO	\$0.00	\$871.25	\$574.56	\$1,336.86
HMO 20 - MetLife DHMO	\$0.00	\$814.54	\$520.24	\$1,282.54
HMO 30 - Delta PPO	\$0.00	\$752.06	\$475.04	\$1,161.97
HMO 30 - Delta Incentive*	\$0.00	\$751.10	\$474.08	\$1,161.01
HMO 30 - Anthem PPO	\$0.00	\$733.63	\$456.61	\$1,143.54
HMO 30 - MetLife DHMO	\$0.00	\$676.92	\$402.29	\$1,089.22
DMHO 500 - Delta PPO	\$0.00	\$570.40	\$319.32	\$906.78
DHMO 500 - Delta Incentive*	\$0.00	\$569.44	\$318.36	\$905.82
DHMO 500 - Anthem PPO	\$0.00	\$551.96	\$300.89	\$888.35
DHMO 500 - MetLife DHMO	\$0.00	\$495.25	\$246.56	\$834.02

KAISER HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO 20 - Delta PPO	\$0.00	\$762.90	\$585.77	\$1,096.38
Kaiser HMO 20 - Delta Incentive*	\$0.00	\$761.94	\$584.81	\$1,095.42
Kaiser HMO 20 - Anthem PPO	\$0.00	\$744.47	\$567.34	\$1,077.95
Kaiser HMO 20 - MetLife DHMO	\$0.00	\$687.76	\$513.01	\$1,023.62
Kaiser DHMO 500 - Delta PPO	\$0.00	\$443.96	\$295.86	\$661.50
Kaiser DHMO 500 - Delta Incentive*	\$0.00	\$443.00	\$294.90	\$660.54
Kaiser DHMO 500 - Anthem PPO	\$0.00	\$425.53	\$277.43	\$643.07
Kaiser DHMO 500 - MetLife DHMO	\$0.00	\$368.82	\$223.10	\$588.74
Kaiser HSA - Delta PPO	\$0.00	\$301.99	\$166.75	\$467.87
Kaiser HSA - Delta Incentive*	\$0.00	\$301.03	\$165.79	\$466.91
Kaiser HSA - Anthem PPO	\$0.00	\$283.56	\$148.32	\$449.44
Kaiser HSA - MetLife DHMO	\$0.00	\$226.85	\$94.00	\$395.11

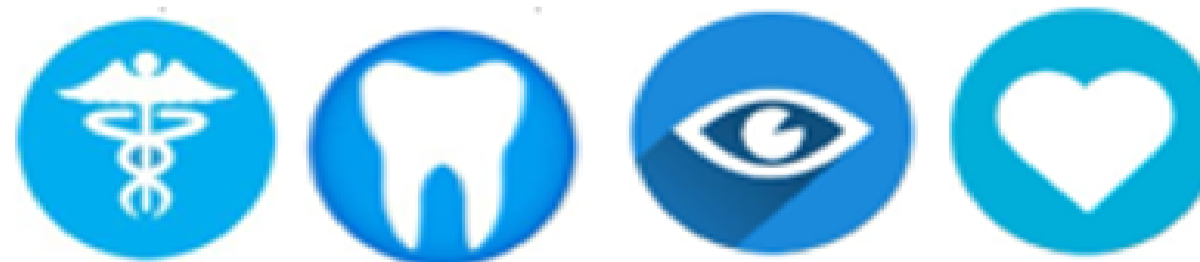
ANTHEM PPO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO 500 - Delta PPO	\$0.00	\$3,140.57	\$2,522.33	\$4,517.26
PPO 500 - Delta Incentive*	\$0.00	\$3,139.61	\$2,521.37	\$4,516.30
PPO 500 - Anthem PPO	\$0.00	\$3,122.14	\$2,503.90	\$4,498.82
PPO 500 - MetLife DHMO	\$0.00	\$3,065.42	\$2,449.57	\$4,444.50
PPO 750 - Delta PPO	\$0.00	\$2,711.36	\$2,154.44	\$3,914.33
PPO 750 - Delta Incentive*	\$0.00	\$2,710.40	\$2,153.48	\$3,913.37
PPO 750 - Anthem PPO	\$0.00	\$2,692.93	\$2,136.01	\$3,895.90
PPO 750 - MetLife DHMO	\$0.00	\$2,636.22	\$2,081.69	\$3,841.57
PPO ESS - Delta PPO	\$0.00	\$1,666.85	\$1,259.14	\$2,447.03
PPO ESS - Delta Incentive*	\$0.00	\$1,665.89	\$1,258.18	\$2,446.07
PPO ESS - Anthem PPO	\$0.00	\$1,648.42	\$1,240.70	\$2,428.60
PPO ESS - MetLife DHMO	\$0.00	\$1,591.70	\$1,186.38	\$2,374.27
PPO HSA - Delta PPO	\$0.00	\$1,229.81	\$884.53	\$1,833.10
PPO HSA -Delta Incentive*	\$0.00	\$1,228.85	\$883.57	\$1,832.14
PPO HSA - Anthem PPO	\$0.00	\$1,211.38	\$866.10	\$1,814.66
PPO HSA -MetLife DHMO	\$0.00	\$1,154.66	\$811.78	\$1,760.34

MINIMUM VALUE MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser MVP - Delta PPO	\$0.00	\$48.06	\$0.00	\$121.66
Kaiser MVP - Delta Incentive*	\$0.00	\$47.10	\$0.00	\$120.70
Kaiser MVP - Anthem PPO	\$0.00	\$29.63	\$0.00	\$103.22
Kaiser MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$48.90
PPO CHOICE MVP - Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Delta Incentive* (NA)	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Anthem PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$0.00

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