

2022-23 Plan Rates Effective: 10/1/2022 through 9/30/2023

*** RATES SHOWN BELOW ARE BEFORE MONTHLY CONTRIBUTION**

SISC Medical Plans

Plan Type	Employee Only	Employee +1	Family
Blue Shield Plan 100-C – 100% Coverage \$20 Copay – RX \$7(G)/\$25(N) Deductible: \$200(Ind)/\$400(Fam) 100% PPO Coverage	\$1,177	\$2,314	\$3,262
Blue Shield Plan 90-C– 90% Coverage \$20 Copay – RX \$7(G)/\$25(N) Deductible: \$200(Ind)/\$500(Fam) Annual Out of Pocket: \$1,000(Ind)/\$3,000(Fam)	\$1,118	\$2,194	\$3,091
Blue Shield Plan G – 80% Coverage \$30 Copay – RX \$7(G)/\$25(N) Deductible: \$500(Ind)/\$1,000(Fam) Annual Out of Pocket: \$2,000(Ind)/\$4,000(Fam)	\$971	\$1,902	\$2,674
Blue Shield HDHP H.S.A – 90% Coverage Deductible: \$3,000(Ind)/\$5,200 (Fam) Annual Out of Pocket: \$5,000 (Ind) including deductible Annual Out of Pocket: \$10,000 (Fam) including deductible	\$746	\$1,493	\$2,127
Kaiser HMO \$30 Copay RX \$10(G)/\$30(N) Chiropractor Services: \$10/30 visits per year	\$890	\$1,745	2,449
Kaiser HMO \$20 Copay RX \$10(G)/\$20(N) Chiropractor Services: \$10/30 visits per year	\$906	\$1,776	\$2,492
Kaiser H.S.A High Deductible - 90% Coverage Deductible: \$1,500 (Ind)/\$3,000 (Fam) Annual Out of Pocket: \$3,000 (Ind) including deductible Annual Out of Pocket: \$6,000 (Fam) including deductible	\$714	\$1,400	\$1,965

Summary of Benefits are available upon request or online at [www.ceres.k12.ca.us /Business Services/Fiscal Services/
PayrollandBenefits](http://www.ceres.k12.ca.us/Business%20Services/Fiscal%20Services/PayrollandBenefits)

CRSIG Dental & Vision Plans

Plan Type	Employee Only	Employee +1	Family
Delta Dental Premier 70% - 100% Progressive Plan \$2,000 Maximum Benefit Paid per year/per member No Orthodontic Coverage	\$60.04	\$121.12	\$173.64
Delta Dental PPO 100% Coverage – w/PPO Provider \$2,000 Maximum Benefit Paid per year/per member Additional \$2,000 for orthodontic services Adult/Children	\$49.51	\$89.21	\$140.18
VSP – Vision \$15 Co-Payment every 12 months Up to \$175 for frames/ \$150 for Contact Lenses When receiving services from a VSP Provider	\$10.84	\$21.53	\$29.17

MONTHLY CONTRIBUTIONS:

Classified: \$1,100 (Fulltime position) or
\$550 (4-5.75 hour position)

Certificated: Up to \$1,100 (Less than 1.0 FTE receives % of FTE). Example: If hired at 50% FTE, contribution is \$550