

**CERTIFICATED EMPLOYEES
2023 / 2024 RATES
EFFECTIVE 10/01/23**

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8598	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEATH NETWORK 4D001A 10157BA
KAISER PERMANENTE	234480-0001ACN	1,423.00	1,423.00	1,423.00
VSP	2149569A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,542.25	1,558.85	1,544.25
	MAXIMUM PD BY OFFICE	1,573.85	1,573.85	1,573.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - OFFICE PLAN	40097-H	1,438.00	1,438.00	1,438.00
VSP	2149569A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,557.25	1,573.85	1,559.25
80E \$20; 300/600 1,000/3,000 \$200 10/35	MAXIMUM PD BY OFFICE	1,573.85	1,573.85	1,573.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - BUY UP #1	40098-G	1,479.00	1,479.00	1,479.00
VSP	2149569A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,598.25	1,614.85	1,600.25
90-G \$20; 500/1,000 1,000/3,000 \$200 10/35	MAXIMUM PD BY OFFICE	1,573.85	1,573.85	1,573.85
	COST TO EMPLOYEE	24.40	41.00	26.40
ANTHEM - BUY UP #2	40097-G	1,489.00	1,489.00	1,489.00
VSP	2149569A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,608.25	1,624.85	1,610.25
90E \$20; 300/600 1,000/3,000 \$200 10/35	MAXIMUM PD BY OFFICE	1,573.85	1,573.85	1,573.85
	COST TO EMPLOYEE	34.40	51.00	36.40
HSA \$5000 (WAS MINIMUM VALUE)	40097-E	987.00	987.00	987.00
VSP	2149569A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,106.25	1,122.85	1,108.25
	MAXIMUM PD BY OFFICE	1,573.85	1,573.85	1,573.85
	COST TO EMPLOYEE	0.00	0.00	0.00
G:VANESSA/RATES/RATES 23-24				