

CLASSIFIED AND MANAGEMENT EMPLOYEES
2023 / 2024 RATES
EFFECTIVE 10/01/23

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8198	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEALTH NETWORK 4D001A 10157BA
KAISER PERMANENTE	234480-0002ALN	1,400.00	1,400.00	1,400.00
VSP	2606631A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,519.25	1,535.85	1,521.25
	MAXIMUM PD BY OFFICE	1,535.85	1,535.85	1,535.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - CLASSIC PPO	40098-H & 40097-A	1,397.00	1,397.00	1,397.00
VSP	2606631A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,516.25	1,532.85	1,518.25
80G \$20; 500/1,000 2,000/4,000 9/35	MAXIMUM PD BY OFFICE	1,535.85	1,535.85	1,535.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - BUY UP # 1	40717-A & 40097-C	1,510.00	1,510.00	1,510.00
VSP	2606631A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,629.25	1,645.85	1,631.25
80E \$20; 300/6000 1,000/3,000 7/25	MAXIMUM PD BY OFFICE	1,535.85	1,535.85	1,535.85
	COST TO EMPLOYEE	93.40	110.00	95.40
ANTHEM - BUY UP # 2	40084-A & 40097-B	1,696.00	1,696.00	1,696.00
VSP	2606631A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,815.25	1,831.85	1,817.25
90D \$10; 200/5000 1,000/3,000 5/20	MAXIMUM PD BY OFFICE	1,535.85	1,535.85	1,535.85
	COST TO EMPLOYEE	279.40	296.00	281.40
HSA \$5000 (WAS MINIMUM VALUE)	40097-F & 40097-D	987.00	987.00	987.00
VSP	2606631A	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	1,535.85	1,535.85	1,535.85
	COST TO EMPLOYEE	0.00	0.00	0.00
CALIFORNIA CARE - ANTHEM HMO	57AGV-D	1,508.00	1,508.00	1,508.00
VSP	2606631A	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,627.25	1,643.85	1,629.25
	MAXIMUM PD BY OFFICE	1,535.85	1,535.85	1,535.85
	COST TO EMPLOYEE	91.40	108.00	93.40
G:VANESSA/RATES/RATES 23-24				