

**CERTIFICATED EMPLOYEES
2024 / 2025 RATES
EFFECTIVE 10/01/24**

*2024-2025 CAP APPLIED

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8598	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEATH NETWORK 4D001A 10157BA
KAISER PERMANENTE	234480-0001ACN	1,500.00	1,500.00	1,500.00
VSP	253310157ACN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,619.25	1,635.85	1,621.25
	*MAXIMUM PD BY OFFICE	1,635.85	1,635.85	1,635.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - OFFICE PLAN	40097-H	1,460.00	1,460.00	1,460.00
VSP	253310157ACN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,579.25	1,595.85	1,581.25
80E \$20; 300/600 1,000/3,000 \$200 10/35	*MAXIMUM PD BY OFFICE	1,635.85	1,635.85	1,635.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - BUY UP #1	40098-G	1,501.00	1,501.00	1,501.00
VSP	253310157ACN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,620.25	1,636.85	1,622.25
90-G \$20; 500/1,000 1,000/3,000 \$200 10/35	*MAXIMUM PD BY OFFICE	1,635.85	1,635.85	1,635.85
	COST TO EMPLOYEE	0.00	1.00	0.00
ANTHEM - BUY UP #2	40097-G	1,511.00	1,511.00	1,511.00
VSP	253310157ACN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,630.25	1,646.85	1,632.25
90E \$20; 300/600 1,000/3,000 \$200 10/35	*MAXIMUM PD BY OFFICE	1,635.85	1,635.85	1,635.85
	COST TO EMPLOYEE	0.00	11.00	0.00
HSA \$5000 (WAS MINIMUM VALUE)	40097-E	987.00	987.00	987.00
VSP	253310157ACN	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	1,635.85	1,635.85	1,635.85
	COST TO EMPLOYEE	0.00	0.00	0.00
G:VANESSA/RATES/RATES 24-25				