

CLASSIFIED AND MANAGEMENT EMPLOYEES
2024 / 2025 RATES
EFFECTIVE 10/01/24

*2024-2025 CAP APPLIED

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8198	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEALTH NETWORK 4D001A 10157BA
KAISER PERMANENTE	234480-0002ALN	1,476.00	1,476.00	1,476.00
VSP	2533010157ALN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,595.25	1,611.85	1,597.25
	*MAXIMUM PD BY OFFICE	1,611.85	1,611.85	1,611.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - CLASSIC PPO	40098-H & 40097-A	1,410.00	1,410.00	1,410.00
VSP	2533010157ALN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,529.25	1,545.85	1,531.25
80G \$20; 500/1,000 2,000/4,000 9/35	*MAXIMUM PD BY OFFICE	1,611.85	1,611.85	1,611.85
	COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - BUY UP # 1	40717-A & 40097-C	1,524.00	1,524.00	1,524.00
VSP	2533010157ALN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,643.25	1,659.85	1,645.25
80E \$20; 300/6000 1,000/3,000 7/25	*MAXIMUM PD BY OFFICE	1,611.85	1,611.85	1,611.85
	COST TO EMPLOYEE	31.40	48.00	33.40
ANTHEM - BUY UP # 2	40084-A & 40097-B	1,711.00	1,711.00	1,711.00
VSP	2533010157ALN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,830.25	1,846.85	1,832.25
90D \$10; 200/5000 1,000/3,000 5/20	*MAXIMUM PD BY OFFICE	1,611.85	1,611.85	1,611.85
	COST TO EMPLOYEE	218.40	235.00	220.40
HSA \$5000 (WAS MINIMUM VALUE)	40097-F & 40097-D	987.00	987.00	987.00
VSP	2533010157ALN	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	1,611.85	1,611.85	1,611.85
	COST TO EMPLOYEE	0.00	0.00	0.00
CALIFORNIA CARE - ANTHEM HMO	57AGV-D	1,560.00	1,560.00	1,560.00
VSP	2533010157ALN	21.50	21.50	21.50
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
		1,679.25	1,695.85	1,681.25
	*MAXIMUM PD BY OFFICE	1,611.85	1,611.85	1,611.85
	COST TO EMPLOYEE	67.40	84.00	69.40
G:VANESSA/RATES/RATES 24-25				