

Kaiser Permanente Rates 2023 – 2024

The monthly employer contribution toward medical insurance is **\$634.16**.

Kaiser DHMO \$1000	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$677.61	\$634.16	\$43.45	\$691.16
Employee + Spouse	\$1,490.73	\$634.16	\$856.57	\$1,520.54
Employee + Children	\$1,219.69	\$634.16	\$585.53	\$1,244.08
Employee + Family	\$1,897.30	\$634.16	\$1,263.14	\$1,935.25

Kaiser DHMO \$2500	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$615.37	\$634.16	-\$18.79	\$627.68
Employee + Spouse	\$1,353.81	\$634.16	\$719.65	\$1,380.89
Employee + Children	\$1,107.67	\$634.16	\$473.51	\$1,129.82
Employee + Family	\$1,723.04	\$634.16	\$1,088.88	\$1,757.50

Kaiser HDHP HSA \$1500	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$653.80	\$634.16	\$19.64	\$666.88
Employee + Spouse	\$1,438.37	\$634.16	\$804.21	\$1,467.14
Employee + Children	\$1,176.85	\$634.16	\$542.69	\$1,200.39
Employee + Family	\$1,830.65	\$634.16	\$1,196.49	\$1,867.26

Kaiser HDHP \$3000	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$584.48	\$634.16	-\$49.68	\$596.17
Employee + Spouse	\$1,285.85	\$634.16	\$651.69	\$1,311.57
Employee + Children	\$1,052.06	\$634.16	\$417.90	\$1,073.10
Employee + Family	\$1,636.54	\$634.16	\$1,002.38	\$1,669.27

United Healthcare Rates 2023 – 2024

The monthly employer contribution toward medical insurance is **\$634.16**.

United Healthcare Doctors Plan Balanced \$1000	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$628.59	\$634.16	-\$5.57	\$641.16
Employee + Spouse	\$1,382.89	\$634.16	\$748.73	\$1,410.55
Employee + Children	\$1,131.45	\$634.16	\$497.29	\$1,154.08
Employee + Family	\$1,760.04	\$634.16	\$1,125.88	\$1,795.24

United Healthcare Doctors Plan Balanced \$2500	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$570.86	\$634.16	-\$63.30	\$582.28
Employee + Spouse	\$1,255.88	\$634.16	\$621.72	\$1,281.00
Employee + Children	\$1,027.54	\$634.16	\$393.38	\$1,048.09
Employee + Family	\$1,598.40	\$634.16	\$964.24	\$1,630.37

United Healthcare Doctors Plan HSA \$1500	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$606.50	\$634.16	-\$27.66	\$618.63
Employee + Spouse	\$1,334.29	\$634.16	\$700.13	\$1,360.98
Employee + Children	\$1,091.69	\$634.16	\$457.53	\$1,113.52
Employee + Family	\$1,698.19	\$634.16	\$1,064.03	\$1,732.15

United Healthcare Doctors Plan HSA \$3000	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	542.19	\$634.16	-\$91.97	\$553.03
Employee + Spouse	1192.81	\$634.16	\$558.65	\$1,216.67
Employee + Children	975.93	\$634.16	\$341.77	\$995.45
Employee + Family	1518.12	\$634.16	\$883.96	\$1,548.48

Delta Dental Projected Rates 2023 – 2024

The monthly employer contribution toward dental insurance is **\$23.01**.

Delta Dental Base Plan	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$30.68	\$23.01	\$7.67	\$31.29
Employee + Spouse	\$63.47	\$23.01	\$40.46	\$64.74
Employee + Children	\$78.80	\$23.01	\$55.79	\$80.38
Employee + Family	\$105.55	\$23.01	\$82.54	\$107.66

Delta Dental Buy Up Plan	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$38.85	\$23.01	\$15.84	\$39.63
Employee + Spouse	\$80.35	\$23.01	\$57.34	\$81.96
Employee + Children	\$99.80	\$23.01	\$76.79	\$101.80
Employee + Family	\$133.66	\$23.01	\$110.65	\$136.33

EyeMed Vision Projected Rates 2023-2024

Vision Rates: There is no (\$0.00) employer contribution for EyeMed Vision plans.

EyeMed Vision	Monthly Premium Employee Pays	COBRA
Employee Only	\$4.90	\$5.00
Employee + Spouse	\$9.29	\$9.48
Employee + Children	\$10.89	\$11.11
Employee + Family	\$15.32	\$15.63