

Charter School Full-time ⁽¹⁾ Employees, Medical Plan Contributions			
Plan	Total Premium Cost	Employer Contribution	Your Cost
Kaiser DHMO			
Employee Only	\$694.06	\$516.00	\$178.06
Employee & Spouse	\$1,388.11	\$516.00	\$872.11
Employee & Child(ren)	\$1,318.71	\$516.00	\$802.71
Family	\$1,873.95	\$516.00	\$1,357.95
Aetna DHMO ⁽²⁾			
Employee Only	\$638.94	\$516.00	\$122.94
Employee & Spouse	\$1,277.86	\$516.00	\$761.86
Employee & Child(ren)	\$1,213.97	\$516.00	\$697.97
Family	\$1,725.11	\$516.00	\$1,209.11
Kaiser HDHP I (\$2,500)			
Employee Only	\$599.51	\$516.00	\$83.51
Employee & Spouse	\$1,199.03	\$516.00	\$683.03
Employee & Child(ren)	\$1,139.08	\$516.00	\$623.08
Family	\$1,618.57	\$516.00	\$1,102.57
Kaiser HDHP II (\$4,000)			
Employee Only	\$515.80	\$515.80	\$0.00
Employee & Spouse	\$1,031.64	\$516.00	\$515.64
Employee & Child(ren)	\$980.06	\$516.00	\$464.06
Family	\$1,392.76	\$516.00	\$876.76
Aetna HDHP ⁽²⁾			
Employee Only	\$587.50	\$516.00	\$71.50
Employee & Spouse	\$1,174.99	\$516.00	\$658.99
Employee & Child(ren)	\$1,116.24	\$516.00	\$600.24
Family	\$1,586.24	\$516.00	\$1,070.24

(1) Full-time employee, for benefit purposes only, is defined as those whose combined hours assigned to standard hour jobs, equal 30 or more hours per week.

2023-2024 DENTAL AND VISION BENEFIT RATES - FT & PT CHARTER SCHOOL			
YOUR COST FOR COVERAGE	DELTA DENTAL PPO PLAN	DELTA DENTAL PLUS PLAN	VISION PLAN
Employee Only	\$31.06	\$40.70	\$8.37
Employee & Spouse	\$62.12	\$81.40	\$16.75
Employee & Child(ren)	\$62.12	\$81.40	\$16.75
Family	\$93.18	\$122.10	\$25.12