

**Mountain View Whisman School District
INSURANCE PREMIUM
EMPLOYEE PORTION MONTHLY
January 1, 2024 to December 31, 2024**

<p>District Contribution Rates of Monthly Premium Amount</p> <p>The District pays 95% of monthly premium for Single. The District pays 90% of monthly premium for Two-Party. The District pays 85% of monthly premium for Family. ***Dental Indemnity Plan - District contributes up to the Dental Premium Plan*** ***Vision Service Premium Plan - District contributes up to the Vision Service High Plan***</p>	<p>FTE-Prorated Rates</p> <p>The District contribution is prorated based on the employee's FTE status.</p>
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Medical

KAISER HIGH PLAN 2024

	Single	Two Party	Family
Premium Rate	\$931.02	\$1,862.04	\$2,634.78
District Contribution	\$884.47	\$1,675.84	\$2,239.56

DD \$0 , OV \$20, IP \$500, Prescriptions \$10/\$25

Hours	FTE	Employee Portion		
8.00	100.00%	\$46.55	\$186.20	\$395.22
7.00	87.50%	\$157.11	\$395.68	\$675.16
6.00	75.00%	\$267.67	\$605.16	\$955.11
5.00	62.50%	\$378.23	\$814.64	\$1,235.05
4.00	50.00%	\$488.78	\$1,024.12	\$1,515.00

UHC HIGH PLAN WITH SUTTER 2024

	Single	Two Party	Family
Premium Rate	\$1,374.18	\$2,748.35	\$3,888.92
District Contribution	\$1,305.47	\$2,473.52	\$3,305.58

DD \$0 , OV \$30, IP \$750

Hours	FTE	Employee Portion		
8.00	100.00%	\$68.71	\$274.83	\$583.34
7.00	87.50%	\$231.89	\$584.02	\$996.54
6.00	75.00%	\$395.08	\$893.21	\$1,409.73
5.00	62.50%	\$558.26	\$1,202.40	\$1,822.93
4.00	50.00%	\$721.44	\$1,511.59	\$2,236.13

KAISER MID PLAN 2024

	Single	Two Party	Family
Premium Rate	\$882.44	\$1,764.89	\$2,497.31
District Contribution	\$838.32	\$1,588.40	\$2,122.71

DD \$500 , OV \$20, IP 90%/10% Prescriptions \$10/\$30

Hours	FTE	Employee Portion		
8.00	100.00%	\$44.12	\$176.49	\$374.60
7.00	87.50%	\$148.91	\$375.04	\$639.94
6.00	75.00%	\$253.70	\$573.59	\$905.28
5.00	62.50%	\$358.49	\$772.14	\$1,170.62
4.00	50.00%	\$463.28	\$970.69	\$1,435.95

UHC MID PLAN WITH SUTTER 2024

	Single	Two Party	Family
Premium Rate	\$1,207.36	\$2,414.72	\$3,416.84
District Contribution	\$1,146.99	\$2,173.25	\$2,904.31

DD \$250 , OV \$30, IP 90%/10%

Hours	FTE	Employee Portion		
8.00	100.00%	\$60.37	\$241.47	\$512.53
7.00	87.50%	\$203.74	\$513.13	\$875.57
6.00	75.00%	\$347.12	\$784.78	\$1,238.61
5.00	62.50%	\$490.49	\$1,056.44	\$1,601.65
4.00	50.00%	\$633.86	\$1,328.09	\$1,964.68

KAISER LOW PLAN 2024

3	Single	Two Party	Family
Premium Rate	\$737.77	\$1,475.54	\$2,087.89
District Contribution	\$700.88	\$1,327.99	\$1,774.71

DD \$3,000 , OV \$40, IP 70%/30%, Prescriptions \$10/\$30

Hours	FTE	Employee Portion		
8.00	100.00%	\$36.89	\$147.55	\$313.18
7.00	87.50%	\$124.50	\$313.55	\$535.02
6.00	75.00%	\$212.11	\$479.55	\$756.86
5.00	62.50%	\$299.72	\$645.55	\$978.70
4.00	50.00%	\$387.33	\$811.54	\$1,200.53

UHC LOW PLAN WITH SUTTER 2024

	Single	Two Party	Family
Premium Rate	\$1,140.15	\$2,280.30	\$3,226.61
District Contribution	\$1,083.14	\$2,052.27	\$2,742.62

DD \$500 , OV \$40, IP 70%/30%

Hours	FTE	Employee Portion		
8.00	100.00%	\$57.01	\$228.03	\$483.99
7.00	87.50%	\$192.40	\$484.56	\$826.82
6.00	75.00%	\$327.79	\$741.10	\$1,169.64
5.00	62.50%	\$463.19	\$997.63	\$1,512.47
4.00	50.00%	\$598.58	\$1,254.16	\$1,855.30

Medical

UHC HIGH PLAN W/OUT SUTTER 2024

	Single	Two Party	Family
Premium Rate	\$957.54	\$1,915.07	\$2,709.81
District Contribution	\$909.66	\$1,723.56	\$2,303.34

DD \$0 , OV \$30, IP \$750

Hours	FTE	Employee Portion		
8.00	100.00%	\$47.88	\$191.51	\$406.47
7.00	87.50%	\$161.59	\$406.95	\$694.39
6.00	75.00%	\$275.29	\$622.40	\$982.30
5.00	62.50%	\$389.00	\$837.84	\$1,270.22
4.00	50.00%	\$502.71	\$1,053.29	\$1,558.14

UNITED HEALTHCARE HSA PLAN 2024

	Single	Two Party	Family
Premium Rate	\$1,648.00	\$3,460.81	\$4,976.95
District Contribution	\$1,565.60	\$3,114.73	\$4,230.41

DD \$2,800 IN NETWORK, IP 0%/30%

Hours	FTE	Employee Portion		
8.00	100.00%	\$82.40	\$346.08	\$746.54
7.00	87.50%	\$278.10	\$735.42	\$1,275.34
6.00	75.00%	\$473.80	\$1,124.76	\$1,804.14
5.00	62.50%	\$669.50	\$1,514.10	\$2,332.94
4.00	50.00%	\$865.20	\$1,903.44	\$2,861.74

UHC MID PLAN W/OUT SUTTER 2024

	Single	Two Party	Family
Premium Rate	\$836.18	\$1,672.36	\$2,366.39
District Contribution	\$794.37	\$1,505.12	\$2,011.43

DD \$250 , OV \$30, IP 90%/10%

Hours	FTE	Employee Portion		
8.00	100.00%	\$41.81	\$167.24	\$354.96
7.00	87.50%	\$141.11	\$355.38	\$606.39
6.00	75.00%	\$240.40	\$543.52	\$857.82
5.00	62.50%	\$339.70	\$731.66	\$1,109.25
4.00	50.00%	\$438.99	\$919.80	\$1,360.67

KEY

DD	=	Deductible
OV	=	Office Visit
IP	=	In Patient

UHC LOW PLAN W/OUT SUTTER 2024

	Single	Two Party	Family
Premium Rate	\$789.07	\$1,578.14	\$2,233.06
District Contribution	\$749.62	\$1,420.33	\$1,898.10

DD \$500 , OV \$40, IP 70%/30%

Hours	FTE	Employee Portion		
8.00	100.00%	\$39.45	\$157.81	\$334.96
7.00	87.50%	\$133.15	\$335.35	\$572.22
6.00	75.00%	\$226.85	\$512.89	\$809.48
5.00	62.50%	\$320.56	\$690.43	\$1,046.75
4.00	50.00%	\$414.26	\$867.97	\$1,284.01

Dental and Vision

Delta Dental "Premium Plan" 2024 - District Plan

	Single	Two Party	Family
Premium Rate	\$67.63	\$135.26	\$228.66
District Contribution	\$64.25	\$121.73	\$194.36

Hours	FTE	Employee Portion		
8.00	100.00%	\$3.38	\$13.53	\$34.30
7.00	87.50%	\$11.41	\$28.75	\$58.59
6.00	75.00%	\$19.44	\$43.96	\$82.89
5.00	62.50%	\$27.47	\$59.18	\$107.18
4.00	50.00%	\$35.50	\$74.39	\$131.48

Delta Dental "High Plan" 2024

	Single	Two Party	Family
Premium Rate	\$61.13	\$122.22	\$206.66
District Contribution	\$58.07	\$110.00	\$175.66

Hours	FTE	Employee Portion		
8.00	100.00%	\$3.06	\$12.22	\$31.00
7.00	87.50%	\$10.32	\$25.97	\$52.96
6.00	75.00%	\$17.58	\$39.72	\$74.91
5.00	62.50%	\$24.84	\$53.47	\$96.87
4.00	50.00%	\$32.09	\$67.22	\$118.83

Delta Dental "Low Plan" 2024

	Single	Two Party	Family
Premium Rate	\$52.66	\$105.31	\$178.04
District Contribution	\$50.03	\$94.78	\$151.33

Hours	FTE	Employee Portion		
8.00	100.00%	\$2.63	\$10.53	\$26.71
7.00	87.50%	\$8.88	\$22.38	\$45.63
6.00	75.00%	\$15.14	\$34.22	\$64.54
5.00	62.50%	\$21.39	\$46.07	\$83.46
4.00	50.00%	\$27.64	\$57.92	\$102.37

VSP "Premium Plan" 2024***

	Single	Two Party	Family
Premium Rate	\$12.79	\$25.58	\$48.33
District Contribution	\$8.03	\$15.20	\$27.11

Copay: Office Visit \$5

Hours	FTE	Employee Portion		
8.00	100.00%	\$4.76	\$10.38	\$21.22
7.00	87.50%	\$5.76	\$12.28	\$24.61
6.00	75.00%	\$6.77	\$14.18	\$28.00
5.00	62.50%	\$7.77	\$16.08	\$31.39
4.00	50.00%	\$8.77	\$17.98	\$34.77

VSP "High Plan" 2024 - District Plan

	Single	Two Party	Family
Premium Rate	\$8.45	\$16.89	\$31.89
District Contribution	\$8.03	\$15.20	\$27.11

Copay: Office Visit \$15

Hours	FTE	Employee Portion		
8.00	100.00%	\$0.42	\$1.69	\$4.78
7.00	87.50%	\$1.42	\$3.59	\$8.17
6.00	75.00%	\$2.43	\$5.49	\$11.56
5.00	62.50%	\$3.43	\$7.39	\$14.95
4.00	50.00%	\$4.43	\$9.29	\$18.33

VSP "Low Plan" 2024

	Single	Two Party	Family
Premium Rate	\$6.18	\$12.35	\$23.35
District Contribution	\$5.87	\$11.12	\$19.85

Copay: Office Visit \$25

Hours	FTE	Employee Portion		
8.00	100.00%	\$0.31	\$1.23	\$3.50
7.00	87.50%	\$1.04	\$2.62	\$5.98
6.00	75.00%	\$1.78	\$4.01	\$8.46
5.00	62.50%	\$2.51	\$5.40	\$10.94
4.00	50.00%	\$3.24	\$6.79	\$13.42