



Certificated Insurance Statement

January 1, 2024 – December 31, 2024

NAME:

ID#

DOB:

DOH:

	MEDICAL PLANS	Employee	Two-Party	Emp + Child(ren)	Family	Employee	District
1320	Kaiser \$20	\$979.20	\$2,062.80	\$1,887.60	\$2,646.00		
1330	Kaiser \$30	\$954.00	\$2,017.20	\$1,852.80	\$2,582.40		
1210	UHC Network 1	\$905.00	\$1,829.00	\$1,727.00	\$2,615.00		
1220	UHC Network 2	\$1,001.00	\$2,023.00	\$1,910.00	\$2,893.00		
1230	UHC Network 3	\$1,044.00	\$2,112.00	\$1,994.00	\$3,020.00		
1240	UHC Alliance HMO	\$750.00	\$1,510.00	\$1,426.00	\$2,156.00		
1250	UHC PPO	\$1,432.00	\$2,891.00	\$2,687.00	\$4,141.00		
	<u>DENTAL PLANS</u>						
1300	Delta Dental HMO	\$28.36	\$52.57	\$52.94	\$76.28		
1310	Delta Dental PPO	\$61.25	\$114.25	\$113.54	\$169.66		
	<u>VISION PLANS</u>						
1350	EYEMED	\$6.87	\$13.79	N/A	\$17.74		
	<u>VOLUNTARY LIFE INSURANCE</u>						
2270	Pacific Educators Term Life						
2271	Pacific Educators Life						
2410	Minnesota Supplemental Life						
2035	Standard Life and/or Disability						
3100	Texas Life						
	<u>VOLUNTARY DISABILITY INSURANCE</u>						
3270	Pacific Educators Disability						
3051	American Fidelity Disability						
	<u>SECTION 125 – PRE-TAX PLANS</u>						
1530	Medical Reimbursement Flexible Spending Plan						
1540	Dependent Daycare Flexible Spending Plan						
3045	American Fidelity Hospital Plan						
3060	American Fidelity Accident Plan						
3070	American Fidelity Cancer Plan						
	<u>DISTRICT CONTRIBUTION</u>						
	\$1,000 Employee or Waived						
	\$1,075 Two-Party or Employee/Child(ren)						
	\$1,200 Family						
	TOTAL						
	DISTRICT CONTRIBUTION						
	TENTHLY DEDUCTION (SKIPS JULY-AUG.)						

DISTRICT PAID LIFE INSURANCE

2420 Minnesota Life (DIST/\$5.27) - \$45,000