



Certificated Insurance Statement

January 1, 2023 – December 31, 2023

NAME:

ID#

DOB:

DOH:

Emp +

| | MEDICAL PLANS | Employee | Two-Party | Child(ren) | Family | Employee | District |
|--|---|-----------------|------------------|-------------------|---------------|-----------------|-----------------|
| 1320 | Kaiser \$20 | \$876.00 | \$1,847.00 | \$1690.00 | \$2,370.00 | | |
| 1330 | Kaiser \$30 | \$855.00 | \$1,807.00 | \$1,660.00 | \$2,314.00 | | |
| 1210 | UHC Network 1 | \$836.00 | \$1,689.00 | \$1,596.00 | \$2,415.00 | | |
| 1220 | UHC Network 2 | \$925.00 | \$1,872.00 | \$1,768.00 | \$2,678.00 | | |
| 1230 | UHC Network 3 | \$967.00 | \$1,957.00 | \$1,849.00 | \$2,800.00 | | |
| 1240 | UHC Alliance HMO | \$694.00 | \$1,397.00 | \$1,320.00 | \$1,996.00 | | |
| 1250 | UHC PPO | \$1,350.00 | \$2,728.00 | \$2,536.00 | \$3,909.00 | | |
| <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> | | | | | | | |
| | \$807.50* Employee or Waived | | | | | | |
| | \$882.50* Two-Party or Employee/Child(ren) | | | | | | |
| | \$999.50* Family | | | | | | |
| TENTHLY DEDUCTION (SKIPS JULY-AUG.) | | | | | | | |

*District annual contribution increased by \$420 for 22/23 and is divided over 8 months. Beginning 23/24 and ongoing, \$420 annual increase will be divided over the full 10 months.

DISTRICT PAID LIFE INSURANCE

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

