

**JANUARY 1, 2023 THROUGH SEPTEMBER 30, 2023
SMMUSD MEDICAL BENEFIT RATES**

| Plan Description | 9 Month Rate | COBRA Rate | 7 Month Rate | District Pays | Employee Pays |
|---|---------------------|-------------------|---------------------|----------------------|----------------------|
| Anthem 90%-G PPO (Full Network) | | | | | |
| SINGLE | \$789.00 | \$804.78 | \$1,014.43 | \$936.00 | \$78.43 |
| TWO PARTY | \$1,578.00 | \$1,609.56 | \$2,028.86 | \$1,865.57 | \$163.29 |
| FAMILY | \$2,058.00 | \$2,099.16 | \$2,646.00 | \$2,432.57 | \$213.43 |
| Anthem 80%-G PPO (Full Network) | | | | | |
| SINGLE | \$728.00 | \$742.56 | \$936.00 | \$936.00 | \$0.00 |
| TWO PARTY | \$1,451.00 | \$1,480.02 | \$1,865.57 | \$1,865.57 | \$0.00 |
| FAMILY | \$1,892.00 | \$1,929.84 | \$2,432.57 | \$2,432.57 | \$0.00 |
| Anthem 80%-G PPO (Select Network) | | | | | |
| SINGLE | \$699.00 | \$712.98 | \$898.71 | \$898.71 | \$0.00 |
| TWO PARTY | \$1,392.00 | \$1,419.84 | \$1,789.71 | \$1,789.71 | \$0.00 |
| FAMILY | \$1,815.00 | \$1,851.30 | \$2,333.57 | \$2,333.57 | \$0.00 |
| Anthem HMO Premier 10/0 (Full Network) | | | | | |
| SINGLE | \$707.00 | \$721.14 | \$909.00 | \$909.00 | \$0.00 |
| TWO PARTY | \$1,409.00 | \$1,437.18 | \$1,811.57 | \$1,811.57 | \$0.00 |
| FAMILY | \$1,837.00 | \$1,873.74 | \$2,361.86 | \$2,361.86 | \$0.00 |
| Anthem HMO Premier 10/0 (Select Network) | | | | | |
| SINGLE | \$680.00 | \$693.60 | \$874.29 | \$874.29 | \$0.00 |
| TWO PARTY | \$1,352.00 | \$1,379.04 | \$1,738.29 | \$1,738.29 | \$0.00 |
| FAMILY | \$1,762.00 | \$1,797.24 | \$2,265.43 | \$2,265.43 | \$0.00 |
| Kaiser Permanente HMO | | | | | |
| SINGLE | \$715.00 | \$729.30 | \$919.29 | \$919.29 | \$0.00 |
| TWO PARTY | \$1,430.00 | \$1,458.60 | \$1,838.57 | \$1,838.57 | \$0.00 |
| FAMILY | \$1,859.00 | \$1,896.18 | \$2,390.14 | \$2,390.14 | \$0.00 |

**JANUARY 1, 2023 THROUGH DECEMBER 30, 2023
SMMUSD DENTAL AND VISION RATES**

| Plan Description | 12 Month Rate | COBRA Rate | 10 Month Rate | District Pays | Employee Pays |
|--|----------------------|-------------------|----------------------|----------------------|----------------------|
| DELTA DENTAL PREMIER PPO DENTAL | | | | | |
| SINGLE | \$58.49 | \$59.66 | \$70.19 | \$70.19 | \$0.00 |
| TWO PARTY | \$116.05 | \$118.37 | \$139.26 | \$139.26 | \$0.00 |
| FAMILY | \$148.54 | \$151.51 | \$178.25 | \$178.25 | \$0.00 |
| DELTA CARES HMO DENTAL | | | | | |
| SINGLE | \$28.08 | \$28.64 | \$33.70 | \$33.70 | \$0.00 |
| TWO PARTY | \$46.48 | \$47.41 | \$55.78 | \$55.78 | \$0.00 |
| FAMILY | \$68.42 | \$69.79 | \$82.10 | \$82.10 | \$0.00 |
| UNITED HEALTH CARE VISION | | | | | |
| SINGLE | \$8.02 | \$8.18 | \$9.62 | \$9.62 | \$0.00 |
| TWO PARTY | \$13.29 | \$13.56 | \$15.95 | \$9.62 | \$6.33 |
| FAMILY | \$19.85 | \$20.25 | \$23.82 | \$9.62 | \$14.20 |
| VSP VISION | | | | | |
| SINGLE | \$8.48 | \$8.65 | \$10.18 | \$10.18 | \$0.00 |
| TWO PARTY | \$17.69 | \$18.04 | \$21.23 | \$10.18 | \$11.05 |
| FAMILY | \$25.40 | \$25.91 | \$30.48 | \$10.18 | \$20.30 |

CERTIFICATED/MANAGEMENT STAFF PAY FULL TEN MONTH RATE FOR VISION COVERAGE