

MADERA UNIFIED SCHOOL DISTRICT

HEALTH BENEFIT RATES

2024-2025

Health Plans	Anthem Blue Cross PPO Plan 1 - Rx A			Anthem Blue Cross PPO Plan 3 - Rx A			Anthem Blue Cross PPO Plan 4 - Rx A			Anthem Blue Cross PPO Plan 7 - Rx B		
Plan Package	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE
Medical	20,340.00	1,695.00	1,849.09	18,876.00	1,573.00	1,716.00	18,180.00	1,515.00	1,652.73	16,572.00	1,381.00	1,506.55
Vision	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71
Dental	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68
Total Cost	21,840.36	1,820.03	1,985.49	20,376.36	1,698.03	1,852.40	19,680.36	1,640.03	1,789.12	18,072.36	1,506.03	1,642.94
Employer (ER) Contribution	20,546.14	1,712.18	1,867.83	20,376.36	1,698.03	1,852.40	19,680.36	1,640.03	1,789.12	18,072.36	1,506.03	1,642.94
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	1,294.22	107.85	117.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Health Plans	Kaiser 1 - HMO			Kaiser 3 - HMO			Kaiser 6 - HMO			Kaiser 8 - HMO		
Plan Package	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE
Medical	25,152.00	2,096.00	2,286.55	22,944.00	1,912.00	2,085.82	20,004.00	1,667.00	1,818.55	18,372.00	1,531.00	1,670.18
Vision	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71
Dental	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68
Total Cost	26,652.36	2,221.03	2,422.94	24,444.36	2,037.03	2,222.21	21,504.36	1,792.03	1,954.94	19,872.36	1,656.03	1,806.58
Employer's Contribution	20,546.14	1,712.18	1,867.83	20,546.14	1,712.18	1,867.83	20,546.14	1,712.18	1,867.83	19,872.36	1,656.03	1,806.58
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	6,106.22	508.85	555.11	3,898.22	324.85	354.38	958.22	79.85	87.11	0.00	0.00	0.00

Health Plan	Kaiser 1 - Wellness			High Deductible Health Plan (HDHP) 1			Anthem Wellness PPO Plan 1 - Rx C			CVT Bronze Plan		
Plan Package	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE
Medical	20,544.00	1,712.00	1,867.64	11,532.00	961.00	1,048.36	16,824.00	1,402.00	1,529.45	9,372.00	781.00	852.00
Vision	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71	216.84	18.07	19.71
Dental	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68	1,283.52	106.96	116.68
Total Cost	22,044.36	1,837.03	2,004.03	13,032.36	1,086.03	1,184.76	18,324.36	1,527.03	1,665.85	10,872.36	906.03	988.40
Employer's Contribution	20,546.14	1,712.18	1,867.83	13,032.36	1,086.03	1,184.76	18,324.36	1,527.03	1,665.85	10,872.36	906.03	988.40
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	1498.22	124.85	136.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Health Plans equal or below the employers contribution, employees will have a zero (0.00) contribution.

Updated: 5/8/2024