MADERA UNIFIED SCHOOL DISTRICT

HEALTH BENEFIT RATES W/ ORTHO BENEFIT

2025-2026

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	22,332.00	1,861.00	2,030.18	20,724.00	1,727.00	1,884.00	19,956.00	1,663.00	1,814.18	18,180.00	1,515.00	1,652.73
Vision	227.76	18.98	20.71	227.76	18.98	20.71	227.76	18.98	20.71	227.76	18.98	20.71
Dental	1,267.68	105.64	115.24	1,267.68	105.64	115.24	1,267.68	105.64	115.24	1,267.68	105.64	115.24
Total Cost	23,827.44	1,985.62	2,166.13	22,219.44	1,851.62	2,019.95	21,451.44	1,787.62	1,950.13	19,675.44	1,639.62	1,788.68
Employer (ER) Contribution	21,162.52	1,763.54	1,923.87	21,162.52	1,763.54	1,923.87	21,162.52	1,763.54	1,923.87	19,675.44	1,639.62	1,788.68
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	***2,664.92***	***222.08***	***242.27***	***1056.92***	***88.08***	***96.08***	***288.92***	***24.08***	***26.27***	***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	28,584.00	2,382.00	2,598.55	26,088.00	2174.00	2,371.64	22,728.00	1,894.00	2,066.18	20,880.00	1,740.00	1,898.18
Vision	227.76	18.98	20.71	227.76	18.98	20.71	227.76	18.98	20.71	227.76	18.98	20.71
Dental	1,267.68	105.64	115.24	1,267.68	105.64	115.24	1,267.68	105.64	115.24	1,267.68	105.64	115.24
Total Cost	30,079.44	2,506.62	2,734.49	27,583.44	2,298.62	2,507.59	24,223.44	2,018.62	2,202.13	22,375.44	1,864.62	2,034.13
Employer's Contribution	21,162.52	1,763.54	1,923.87	21,162.52	1,763.54	1,923.87	21,162.52	1,763.54	1,923.87	21,162.52	1,763.54	1,923.87
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	***8,916.92***	***743.08***	***810.63***	***6,420.92***	***535.08***	***583.72***	***3060.92***	***255.08***	***278.27***	***1212.92***	***101.08***	***110.27***

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	23,340.00	1,945.00	2,121.82	12,660.00	1,055.00	1,150.91	18,456.00	1,538.00	1,677.82	10,296.00	858.00	936.00
Vision	227.76	18.98	20.71	227.76	18.98	20.71	227.76	18.98	20.71	227.76	18.98	20.71
Dental	1,267.68	105.64	115.24	1,267.68	105.64	115.24	1,267.68	105.64	115.24	1,267.68	105.64	115.24
Total Cost	24,835.44	2,069.62	2,257.77	14,155.44	1,179.62	1,286.86	19,951.44	1,662.62	1,813.77	11,791.44	982.62	1,071.95
Employer's Contribution	21,162.52	1,763.54	1,923.87	14,155.44	1,179.62	1,286.86	19,951.44	1,662.62	1,813.77	11,791.44	982.62	1,071.95
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	***3672.92***	***306.08***	***333.90***	***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: 5/21/2025