

Classified employee paid 10 times a year: use this table to determine your monthly premium a) Find the Column with the number of hours you work per day b) find the Row for the medical and dental plan of your choosing c) where the Column of the hours you work and the Row of your medical/dental plan options intersect, is the monthly amount of the employee cost based on pay frequency, time-base and plans selected.

FOR CLASSIFIED EMPLOYEES ON A 10-PAY CYCLE				10 PAY CYCLE CAP ENTITLEMENT BASED ON HOURS WORKED								
EFFECTIVE 10/01/2024				8 hrs	7.5	7 hrs	6.5 hrs	6 hrs	5.5 hrs	5 hrs	4.5hrs	4 hrs
(Premium totals include Medical, Dental, Vision, and Basic Life for all packages)				1.0000	0.9375	0.8750	0.8125	0.7500	0.6875	0.6250	0.5625	0.5000
				\$1,000.00	\$937.50	\$875.00	\$812.50	\$750.00	\$687.50	\$625.00	\$562.50	\$500.00
Medical Plan/ Group #	DENTAL/ Group #	1/10 Cost (Monthly)	Annual Cost	PAYROLL DEDUCTION								
				8 hrs	7.5 hrs	7 hrs	6.5 hrs	6 hrs	5.5 hrs	5 hrs	4.5 hrs	4 hrs
ABC 100-D (40655B)	Delta Dental Premier	\$2,451.42	\$24,514.20	\$1,451.42	\$1,513.92	\$1,576.42	\$1,638.92	\$1,701.42	\$1,763.92	\$1,826.42	\$1,888.92	\$1,951.42
	Delta Dental PPO	\$2,470.62	\$24,706.20	\$1,470.62	\$1,533.12	\$1,595.62	\$1,658.12	\$1,720.62	\$1,783.12	\$1,845.62	\$1,908.12	\$1,970.62
	Anthem Essential Choice	\$2,455.86	\$24,558.60	\$1,455.86	\$1,518.36	\$1,580.86	\$1,643.36	\$1,705.86	\$1,768.36	\$1,830.86	\$1,893.36	\$1,955.86
ABC PPO 90-E (40655J)	Delta Dental Premier	\$2,337.42	\$23,374.20	\$1,337.42	\$1,399.92	\$1,462.42	\$1,524.92	\$1,587.42	\$1,649.92	\$1,712.42	\$1,774.92	\$1,837.42
	Delta Dental PPO	\$2,356.62	\$23,566.20	\$1,356.62	\$1,419.12	\$1,481.62	\$1,544.12	\$1,606.62	\$1,669.12	\$1,731.62	\$1,794.12	\$1,856.62
	Anthem Essential Choice	\$2,341.86	\$23,418.60	\$1,341.86	\$1,404.36	\$1,466.86	\$1,529.36	\$1,591.86	\$1,654.36	\$1,716.86	\$1,779.36	\$1,841.86
ABC PPO 80-L (40655E)	Delta Dental Premier	\$1,819.02	\$18,190.20	\$819.02	\$881.52	\$944.02	\$1,006.52	\$1,069.02	\$1,131.52	\$1,194.02	\$1,256.52	\$1,319.02
	Delta Dental PPO	\$1,838.22	\$18,382.20	\$838.22	\$900.72	\$963.22	\$1,025.72	\$1,088.22	\$1,150.72	\$1,213.22	\$1,275.72	\$1,338.22
	Anthem Essential Choice	\$1,823.46	\$18,234.60	\$823.46	\$885.96	\$948.46	\$1,010.96	\$1,073.46	\$1,135.96	\$1,198.46	\$1,260.96	\$1,323.46
ABC PPO 80-M (40467B)	Delta Dental Premier	\$1,641.42	\$16,414.20	\$641.42	\$703.92	\$766.42	\$828.92	\$891.42	\$953.92	\$1,016.42	\$1,078.92	\$1,141.42
	Delta Dental PPO	\$1,660.62	\$16,606.20	\$660.62	\$723.12	\$785.62	\$848.12	\$910.62	\$973.12	\$1,035.62	\$1,098.12	\$1,160.62
	Anthem Essential Choice	\$1,645.86	\$16,458.60	\$645.86	\$708.36	\$770.86	\$833.36	\$895.86	\$958.36	\$1,020.86	\$1,083.36	\$1,145.86
ABC HMO (57AGYA)	Delta Dental Premier	\$2,123.82	\$21,238.20	\$1,123.82	\$1,186.32	\$1,248.82	\$1,311.32	\$1,373.82	\$1,436.32	\$1,498.82	\$1,561.32	\$1,623.82
	Delta Dental PPO	\$2,143.02	\$21,430.20	\$1,143.02	\$1,205.52	\$1,268.02	\$1,330.52	\$1,393.02	\$1,455.52	\$1,518.02	\$1,580.52	\$1,643.02
	Anthem Essential Choice	\$2,128.26	\$21,282.60	\$1,128.26	\$1,190.76	\$1,253.26	\$1,315.76	\$1,378.26	\$1,440.76	\$1,503.26	\$1,565.76	\$1,628.26
KAISER (234480-0063A LN)	Delta Dental Premier	\$2,265.42	\$22,654.20	\$1,265.42	\$1,327.92	\$1,390.42	\$1,452.92	\$1,515.42	\$1,577.92	\$1,640.42	\$1,702.92	\$1,765.42
	Delta Dental PPO	\$2,284.62	\$22,846.20	\$1,284.62	\$1,347.12	\$1,409.62	\$1,472.12	\$1,534.62	\$1,597.12	\$1,659.62	\$1,722.12	\$1,784.62
	Anthem Essential Choice	\$2,269.86	\$22,698.60	\$1,269.86	\$1,332.36	\$1,394.86	\$1,457.36	\$1,519.86	\$1,582.36	\$1,644.86	\$1,707.36	\$1,769.86
2-TIER HSA (Single) 70655B	Delta Dental Premier	\$998.22	\$9,982.20	\$0.00	\$60.72	\$123.22	\$185.72	\$248.22	\$310.72	\$373.22	\$435.72	\$498.22
	Delta Dental PPO	\$1,017.42	\$10,174.20	\$17.42	\$79.92	\$142.42	\$204.92	\$267.42	\$329.92	\$392.42	\$454.92	\$517.42
	Anthem Essential Choice	\$1,002.66	\$10,026.60	\$2.66	\$65.16	\$127.66	\$190.16	\$252.66	\$315.16	\$377.66	\$440.16	\$502.66
2-TIER HSA (Family) 70655B	Delta Dental Premier	\$1,507.02	\$15,070.20	\$507.02	\$569.52	\$632.02	\$694.52	\$757.02	\$819.52	\$882.02	\$944.52	\$1,007.02
	Delta Dental PPO	\$1,526.22	\$15,262.20	\$526.22	\$588.72	\$651.22	\$713.72	\$776.22	\$838.72	\$901.22	\$963.72	\$1,026.22
	Anthem Essential Choice	\$1,511.46	\$15,114.60	\$511.46	\$573.96	\$636.46	\$698.96	\$761.46	\$823.96	\$886.46	\$948.96	\$1,011.46

Notes: 1) ABC = Anthem Blue Cross; 2) Dental plans offered are either Delta Dental or Anthem (see benefit summaries for coverage details). 3) Rates include VSP Signature \$10 copay plan and \$10,000 Basic Life Insurance for Classified staff.

This rate sheet is intended for informational purposes only. Actual deductions will be based on the premium, CAP entitlement, and number of pay periods per year. Deductions may vary slightly due to rounding up or down. Employees on an 10 pay schedule may see additional adjustments if needed to ensure coverage through the month of July when no pay warrant is issued. Additional adjustments may be needed for early terminations or late enrollments.

Classified employee paid 10 times a year: use this table to determine your monthly premium a) Find the Column with the number of hours you work per day b) find the Row for the medical and dental plan of your choosing c) where the Column of the hours you work and the Row of your medical/dental plan options intersect, is the monthly amount of the employee cost based on pay frequency, time-base and plans selected.

FOR CLASSIFIED EMPLOYEES ON A 10-PAY CYCLE	10 PAY CYCLE CAP ENTITLEMENT BASED ON HOURS WORKED								
EFFECTIVE 10/01/2024	8 hrs	7.5	7 hrs	6.5 hrs	6 hrs	5.5 hrs	5 hrs	4.5hrs	4 hrs
(Premium totals include Medical, Dental, Vision, and Basic Life for all packages)	1.0000	0.9375	0.8750	0.8125	0.7500	0.6875	0.6250	0.5625	0.5000
	\$1,000.00	\$937.50	\$875.00	\$812.50	\$750.00	\$687.50	\$625.00	\$562.50	\$500.00

5% Rate (25% discount) applied to the medical premium when both spouses/partners are employees of MUSD and both are enrolled into a benefits package. (Anchor Bronze is excluded from this benefit.)

Medical Plan/ Group #	DENTAL/ Group #	1/10 Cost (Monthly)	Annual Cost	PAYROLL DEDUCTION								
				8 hrs	7.5 hrs	7 hrs	6.5 hrs	6 hrs	5.5 hrs	5 hrs	4.5 hrs	4 hrs
75% ABC 100-D (40655B)	Delta Dental Premier	\$1,873.32	\$18,733.20	\$873.32	\$935.82	\$998.32	\$1,060.82	\$1,123.32	\$1,185.82	\$1,248.32	\$1,310.82	\$1,373.32
	Delta Dental PPO	\$1,892.52	\$18,925.20	\$892.52	\$955.02	\$1,017.52	\$1,080.02	\$1,142.52	\$1,205.02	\$1,267.52	\$1,330.02	\$1,392.52
	Anthem Essential Choice	\$1,877.76	\$18,777.60	\$877.76	\$940.26	\$1,002.76	\$1,065.26	\$1,127.76	\$1,190.26	\$1,252.76	\$1,315.26	\$1,377.76
75% ABC 90-E (40655J)	Delta Dental Premier	\$1,787.82	\$17,878.20	\$787.82	\$850.32	\$912.82	\$975.32	\$1,037.82	\$1,100.32	\$1,162.82	\$1,225.32	\$1,287.82
	Delta Dental PPO	\$1,807.02	\$18,070.20	\$807.02	\$869.52	\$932.02	\$994.52	\$1,057.02	\$1,119.52	\$1,182.02	\$1,244.52	\$1,307.02
	Anthem Essential Choice	\$1,792.26	\$17,922.60	\$792.26	\$854.76	\$917.26	\$979.76	\$1,042.26	\$1,104.76	\$1,167.26	\$1,229.76	\$1,292.26
75% ABC 80-L (40655E)	Delta Dental Premier	\$1,399.02	\$13,990.20	\$399.02	\$461.52	\$524.02	\$586.52	\$649.02	\$711.52	\$774.02	\$836.52	\$899.02
	Delta Dental PPO	\$1,418.22	\$14,182.20	\$418.22	\$480.72	\$543.22	\$605.72	\$668.22	\$730.72	\$793.22	\$855.72	\$918.22
	Anthem Essential Choice	\$1,403.46	\$14,034.60	\$403.46	\$465.96	\$528.46	\$590.96	\$653.46	\$715.96	\$778.46	\$840.96	\$903.46
75% ABC 80-M (40467B)	Delta Dental Premier	\$1,265.82	\$12,658.20	\$265.82	\$328.32	\$390.82	\$453.32	\$515.82	\$578.32	\$640.82	\$703.32	\$765.82
	Delta Dental PPO	\$1,285.02	\$12,850.20	\$285.02	\$347.52	\$410.02	\$472.52	\$535.02	\$597.52	\$660.02	\$722.52	\$785.02
	Anthem Essential Choice	\$1,270.26	\$12,702.60	\$270.26	\$332.76	\$395.26	\$457.76	\$520.26	\$582.76	\$645.26	\$707.76	\$770.26
75% ABC HMO (57AGYA)	Delta Dental Premier	\$1,627.62	\$16,276.20	\$627.62	\$690.12	\$752.62	\$815.12	\$877.62	\$940.12	\$1,002.62	\$1,065.12	\$1,127.62
	Delta Dental PPO	\$1,646.82	\$16,468.20	\$646.82	\$709.32	\$771.82	\$834.32	\$896.82	\$959.32	\$1,021.82	\$1,084.32	\$1,146.82
	Anthem Essential Choice	\$1,632.06	\$16,320.60	\$632.06	\$694.56	\$757.06	\$819.56	\$882.06	\$944.56	\$1,007.06	\$1,069.56	\$1,132.06
75% KAISER (234480-0063A LN)	Delta Dental Premier	\$1,733.82	\$17,338.20	\$733.82	\$796.32	\$858.82	\$921.32	\$983.82	\$1,046.32	\$1,108.82	\$1,171.32	\$1,233.82
	Delta Dental PPO	\$1,753.02	\$17,530.20	\$753.02	\$815.52	\$878.02	\$940.52	\$1,003.02	\$1,065.52	\$1,128.02	\$1,190.52	\$1,253.02
	Anthem Essential Choice	\$1,738.26	\$17,382.60	\$738.26	\$800.76	\$863.26	\$925.76	\$988.26	\$1,050.76	\$1,113.26	\$1,175.76	\$1,238.26

Notes: 1) ABC = Anthem Blue Cross; 2) Dental plans offered are either Delta Dental or Anthem (see benefit summaries for coverage details). 3) Rates include VSP Signature \$10 copay plan and \$10,000 Basic Life Insurance for Classified staff.

This rate sheet is intended for informational purposes only. Actual deductions will be based on the premium, CAP entitlement, and number of pay periods per year. Deductions may vary slightly due to rounding up or down. Employees on an 10 pay schedule may see additional adjustments if needed to ensure coverage through the month of July when no pay warrant is issued. Additional adjustments may be needed for early terminations or late enrollments.