CERTIFICATED

MONTHLY PREMIUM **BY NUMBER OF PAY CYCLES**

EFFECTIVE 10/01/2024

(Premium Totals Include Medical, Dental Vision And Basic Life for all Packages)

Medical Plan (Group #s)	DENTAL (Delta Dental OR Anthem)	ANNUAL COST OF TOTAL PREMIUMS	MONTHLY (ANNUAL COST DIVIDED BY 12)	12 MONTH PAY CYCLE Annual Cap $10,900		MONTLY (ANNUAL COST DIVIDED BY 11)	11 MONTH PAY CYCLE Annual Cap $10,900		MONTLY (ANNUAL COST DIVIDED BY 10)	10 MONTH PAY CYCLE Annual Cap $10,900	
				100% CAP	50% CAP		100% CAP	50% CAP		100% CAP	50% CAP
				$908.33	$454.17		$990.91	$495.46		$1,090.00	$545.00
				Monthly Deductions			Monthly Deductions			Monthly Deductions	
ABC 100-A ($0 Ded/ $20 OV/$5-20 Rx) (40655G/40655H)	Delta Dental Premier	$ 26,159.40	$ 2,179.95	$ 1,271.62	$ 1,725.78	$ 2,378.13	$ 1,387.22	$ 1,882.67	$ 2,615.94	$ 1,525.94	$ 2,070.94
	Delta Dental PPO	$ 26,483.40	$ 2,206.95	$ 1,298.62	$ 1,752.78	$ 2,407.58	$ 1,416.67	$ 1,912.12	$ 2,648.34	$ 1,558.34	$ 2,103.34
	Anthem Essential Choice	$ 26,286.60	$ 2,190.55	$ 1,282.22	$ 1,736.38	$ 2,389.69	$ 1,398.78	$ 1,894.23	$ 2,628.66	$ 1,538.66	$ 2,083.66
ABC 100-D ($300 Ded/$20 OV/$9-35 Rx) (40467A/40467C)	Delta Dental Premier	$ 24,431.40	$ 2,035.95	$ 1,127.62	$ 1,581.78	$ 2,221.04	$ 1,230.13	$ 1,725.58	$ 2,443.14	$ 1,353.14	$ 1,898.14
	Delta Dental PPO	$ 24,755.40	$ 2,062.95	$ 1,154.62	$ 1,608.78	$ 2,250.49	$ 1,259.58	$ 1,755.03	$ 2,475.54	$ 1,385.54	$ 1,930.54
	Anthem Essential Choice	$ 24,558.60	$ 2,046.55	$ 1,138.22	$ 1,592.38	$ 2,232.60	$ 1,241.69	$ 1,737.14	$ 2,455.86	$ 1,365.86	$ 1,910.86
ABC 80-L ($2,000 Ded/$30 OV/$200/$10-35 Rx) (40655A/40655C)	Delta Dental Premier	$ 18,107.40	$ 1,508.95	$ 600.62	$ 1,054.78	$ 1,646.13	$ 655.22	$ 1,150.67	$ 1,810.74	$ 720.74	$ 1,265.74
	Delta Dental PPO	$ 18,431.40	$ 1,535.95	$ 627.62	$ 1,081.78	$ 1,675.58	$ 684.67	$ 1,180.12	$ 1,843.14	$ 753.14	$ 1,298.14
	Anthem Essential Choice	$ 18,234.60	$ 1,519.55	$ 611.22	$ 1,065.38	$ 1,657.69	$ 666.78	$ 1,162.23	$ 1,823.46	$ 733.46	$ 1,278.46
ABC 80-M ($3,000 Ded/$40 OV/$200/$10-35 Rx) (40655D/40655F)	Delta Dental Premier	$ 16,331.40	$ 1,360.95	$ 452.62	$ 906.78	$ 1,484.67	$ 493.76	$ 989.21	$ 1,633.14	$ 543.14	$ 1,088.14
	Delta Dental PPO	$ 16,655.40	$ 1,387.95	$ 479.62	$ 933.78	$ 1,514.13	$ 523.22	$ 1,018.67	$ 1,665.54	$ 575.54	$ 1,120.54
	Anthem Essential Choice	$ 16,458.60	$ 1,371.55	$ 463.22	$ 917.38	$ 1,496.24	$ 505.33	$ 1,000.78	$ 1,645.86	$ 555.86	$ 1,100.86
ABC HMO ($0 Ded/$20-$40 OV/$9-35 Rx (57AGYE/57AGYH)	Delta Dental Premier	$ 21,155.40	$ 1,762.95	$ 854.62	$ 1,308.78	$ 1,923.22	$ 932.31	$ 1,427.76	$ 2,115.54	$ 1,025.54	$ 1,570.54
	Delta Dental PPO	$ 21,479.40	$ 1,789.95	$ 881.62	$ 1,335.78	$ 1,952.67	$ 961.76	$ 1,457.21	$ 2,147.94	$ 1,057.94	$ 1,602.94
	Anthem Essential Choice	$ 21,282.60	$ 1,773.55	$ 865.22	$ 1,319.38	$ 1,934.78	$ 943.87	$ 1,439.32	$ 2,128.26	$ 1,038.26	$ 1,583.26
KAISER ($0 Ded/$10 OV/$10 Rx (234480-0063ACN/ 234480-0063AMN)	Delta Dental Premier	$ 22,571.40	$ 1,880.95	$ 972.62	$ 1,426.78	$ 2,051.95	$ 1,061.04	$ 1,556.49	$ 2,257.14	$ 1,167.14	$ 1,712.14
	Delta Dental PPO	$ 22,895.40	$ 1,907.95	$ 999.62	$ 1,453.78	$ 2,081.40	$ 1,090.49	$ 1,585.94	$ 2,289.54	$ 1,199.54	$ 1,744.54
	Anthem Essential Choice	$ 22,698.60	$ 1,891.55	$ 983.22	$ 1,437.38	$ 2,063.51	$ 1,072.60	$ 1,568.05	$ 2,269.86	$ 1,179.86	$ 1,724.86
2-TIER HSA Single ($5,000 Ded/30%) (70655B)	Delta Dental Premier	$ 9,899.40	$ 824.95	$ -	$ 370.78	$ 899.95	$ -	$ 404.49	$ 989.94	$ -	$ 444.94
	Delta Dental PPO	$ 10,223.40	$ 851.95	$ -	$ 397.78	$ 929.40	$ -	$ 433.94	$ 1,022.34	$ -	$ 477.34
	Anthem Essential Choice	$ 10,026.60	$ 835.55	$ -	$ 381.38	$ 911.51	$ -	$ 416.05	$ 1,002.66	$ -	$ 457.66
2-TIER HSA Family ($10000 Ded/$30%) (70655B)	Delta Dental Premier	$ 14,999.40	$ 1,249.95	$ 341.62	$ 795.78	$ 1,363.58	$ 372.67	$ 868.12	$ 1,499.94	$ 409.94	$ 954.94
	Delta Dental PPO	$ 15,323.40	$ 1,276.95	$ 368.62	$ 822.78	$ 1,393.04	$ 402.13	$ 897.58	$ 1,532.34	$ 442.34	$ 987.34
	Anthem Essential Choice	$ 15,126.60	$ 1,260.55	$ 352.22	$ 806.38	$ 1,375.15	$ 384.24	$ 879.69	$ 1,512.66	$ 422.66	$ 967.66

Notes: 1) ABC = Anthem Blue Cross. 2) Dental plans are either Delta Dental or Anthem. (See benefit summaries for coverage details. 3) Vision plan offered: VSP Signature $10 copay plan. Rates include $10,000 Basic Life for Certificated.

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CERTIFICATED MONTHLY PREMIUM **BY NUMBER OF PAY CYCLES** **EFFECTIVE 10/01/2024** (Premium Totals Include Medical, Dental Vision And Basic Life for all Packages)		ANNUAL COST OF TOTAL PREMIUMS	MONTHLY (ANNUAL COST DIVIDED BY 12)	12 MONTH PAY CYCLE 12 MONTH PAY CYCLE Annual Cap $10,900		MONTLY (ANNUAL COST DIVIDED BY 11)	11 MONTH PAY CYCLE 11 MONTH PAY CYCLE Annual Cap $10,900		MONTLY (ANNUAL COST DIVIDED BY 10)	10 MONTH PAY CYCLE 10 MONTH PAY CYCLE Annual Cap $10,900	
				100% CAP	50% CAP		100% CAP	50% CAP		100% CAP	50% CAP
				$908.33	$454.17		$990.91	$495.46		$990.91	$495.46
Medical Plan (Group #s)	**DENTAL (Delta Dental OR Anthem)**			**Monthly Deductions**			**Monthly Deductions**			**Monthly Deductions**	
75% Rate (25% discount) applied to the medical premium when both spouses/partners are employees of MUSD and both are enrolled into a benefits package.											
75% ABC 100-A ($0 Ded/ $20 OV/$5-20 Rx) (40655G/40655H)	Delta Dental Premier	$ 19,946.40	$ 1,662.20	$ 753.87	$ 1,208.03	$ 1,813.31	$ 822.40	$ 1,317.85	$ 1,994.64	$ 1,003.73	$ 1,499.18
	Delta Dental PPO	$ 20,270.40	$ 1,689.20	$ 780.87	$ 1,235.03	$ 1,842.76	$ 851.85	$ 1,347.30	$ 2,027.04	$ 1,036.13	$ 1,531.58
	Anthem Essential Choice	$ 20,073.60	$ 1,672.80	$ 764.47	$ 1,218.63	$ 1,824.87	$ 833.96	$ 1,329.41	$ 2,007.36	$ 1,016.45	$ 1,511.90
75% ABC 100-D ($300 Ded/$20 OV/$9-35 Rx) (40467A/40467C)	Delta Dental Premier	$ 18,650.40	$ 1,554.20	$ 645.87	$ 1,100.03	$ 1,695.49	$ 704.58	$ 1,200.03	$ 1,865.04	$ 874.13	$ 1,369.58
	Delta Dental PPO	$ 18,974.40	$ 1,581.20	$ 672.87	$ 1,127.03	$ 1,724.95	$ 734.04	$ 1,229.49	$ 1,897.44	$ 906.53	$ 1,401.98
	Anthem Essential Choice	$ 18,777.60	$ 1,564.80	$ 656.47	$ 1,110.63	$ 1,707.05	$ 716.14	$ 1,211.59	$ 1,877.76	$ 886.85	$ 1,382.30
75% ABC 80-L ($2,000 Ded/$30 OV/$200/$10-35 Rx) (40655A/40655C)	Delta Dental Premier	$ 13,907.40	$ 1,158.95	$ 250.62	$ 704.78	$ 1,264.31	$ 273.40	$ 768.85	$ 1,390.74	$ 399.83	$ 895.28
	Delta Dental PPO	$ 14,231.40	$ 1,185.95	$ 277.62	$ 731.78	$ 1,293.76	$ 302.85	$ 798.30	$ 1,423.14	$ 432.23	$ 927.68
	Anthem Essential Choice	$ 14,034.60	$ 1,169.55	$ 261.22	$ 715.38	$ 1,275.87	$ 284.96	$ 780.41	$ 1,403.46	$ 412.55	$ 908.00
75% ABC 80-M ($3,000 Ded/$40 OV/$200/$10-35 Rx) (40655D/40655F)	Delta Dental Premier	$ 12,575.40	$ 1,047.95	$ 139.62	$ 593.78	$ 1,143.22	$ 152.31	$ 647.76	$ 1,257.54	$ 266.63	$ 762.08
	Delta Dental PPO	$ 12,899.40	$ 1,074.95	$ 166.62	$ 620.78	$ 1,172.67	$ 181.76	$ 677.21	$ 1,289.94	$ 299.03	$ 794.48
	Anthem Essential Choice	$ 12,702.60	$ 1,058.55	$ 150.22	$ 604.38	$ 1,154.78	$ 163.87	$ 659.32	$ 1,270.26	$ 279.35	$ 774.80
75% ABC HMO ($0 Ded/$20-$40 OV/$9-35 Rx (57AGYE/57AGYH)	Delta Dental Premier	$ 16,193.40	$ 1,349.45	$ 441.12	$ 895.28	$ 1,472.13	$ 481.22	$ 976.67	$ 1,619.34	$ 628.43	$ 1,123.88
	Delta Dental PPO	$ 16,517.40	$ 1,376.45	$ 468.12	$ 922.28	$ 1,501.58	$ 510.67	$ 1,006.12	$ 1,651.74	$ 660.83	$ 1,156.28
	Anthem Essential Choice	$ 16,320.60	$ 1,360.05	$ 451.72	$ 905.88	$ 1,483.69	$ 492.78	$ 988.23	$ 1,632.06	$ 641.15	$ 1,136.60
75% KAISER ($0 Ded/$10 OV/$10 Rx (234480-0063ACN/ 234480-0063AMN)	Delta Dental Premier	$ 17,255.40	$ 1,437.95	$ 529.62	$ 983.78	$ 1,568.67	$ 577.76	$ 1,073.21	$ 1,725.54	$ 734.63	$ 1,230.08
	Delta Dental PPO	$ 17,579.40	$ 1,464.95	$ 556.62	$ 1,010.78	$ 1,598.13	$ 607.22	$ 1,102.67	$ 1,757.94	$ 767.03	$ 1,262.48
	Anthem Essential Choice	$ 17,382.60	$ 1,448.55	$ 540.22	$ 994.38	$ 1,580.24	$ 589.33	$ 1,084.78	$ 1,738.26	$ 747.35	$ 1,242.80

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