

HUNTINGTON BEACH CITY SCHOOL DISTRICT
2022-2023 Health and Welfare Benefit Selection Sheet
MANAGEMENT AND CSEA EMPLOYEES

Rates in effect January 1, 2023 through September 30, 2023

SISC

<u>MEDICAL PLAN (must select one)</u>	<u>Monthly Premium Tenthly</u>	<u>District Contributes Tenthly</u>	<u>Employee Contributes by Payroll Deduction Tenthly</u> Jan 1st to Sept 30th	<u>Employee Selection</u>
(1) ANTHEM/BlueCross - PPO - 90-A				
Employee Only	\$1,119.60	\$889.50	\$230.10	_____
Employee Plus One Dependent	\$2,190.00	\$1,334.25	\$855.75	_____
Employee Plus Two or More Dependents	\$3,078.00	\$1,779.00	\$1,299.00	_____
(2) ANTHEM/BlueCross - PPO - 80-G				
Employee Only	\$942.00	\$889.50	\$52.50	_____
Employee Plus One Dependent	\$1,840.80	\$1,334.25	\$506.55	_____
Employee Plus Two or More Dependents	\$2,584.80	\$1,779.00	\$805.80	_____
(3) ANTHEM/BlueCross - HMO Premier 10				
Employee Only	\$946.80	\$946.80	\$0.00	_____
Employee Plus One Dependent	\$1,850.40	\$1,334.25	\$516.15	_____
Employee Plus Two or More Dependents	\$2,600.40	\$1,779.00	\$821.40	_____
(4) ANTHEM/BlueCross - HMO Classic 20/40/250				
Employee Only	\$894.00	\$894.00	\$0.00	_____
Employee Plus One Dependent	\$1,744.80	\$1,334.25	\$410.55	_____
Employee Plus Two or More Dependents	\$2,448.00	\$1,779.00	\$669.00	_____
(5) KAISER - HMO				
Employee Only	\$792.00	\$792.00	\$0.00	_____
Employee Plus One Dependent	\$1,544.40	\$1,334.25	\$210.15	_____
Employee Plus Two or More Dependents	\$2,169.60	\$1,779.00	\$390.60	_____
<u>DENTAL PLAN - DELTA DENTAL</u>				
Employee and Family	\$115.19	\$115.19	\$0.00	_____ X _____
<u>VISION PLAN - EYEMED</u>				
Employee and Family	\$16.80	\$16.80	\$0.00	_____ X _____
<u>LONG TERM DISABILITY - RELIANCE STANDARD</u>				
Employee Only (salary cap calculated)	\$1-\$14	\$1-\$14	\$0.00	_____ X _____
<u>LIFE INSURANCE - RELIANCE STANDARD</u>				
Employee Only	\$8.50	\$8.50	\$0.00	_____ X _____
<u>ID THEFT - SELMAN & CO.</u>				
<i>Delta Dental Additional Benefit</i>	\$9.60	\$0.00	\$9.60	_____
TOTAL PAYROLL DEDUCTIONS				\$ _____

Signature _____ Date _____ Email _____

Please PRINT Name Plainly _____ Site _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____