

DCSD 7/1/2023 Rate Table

PART-TIME

United Healthcare - Monthly Part-time					
PPO	Part-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$321.48	\$0.00	\$418.18	\$739.66	\$754.45
Employee + Spouse	\$926.82	\$0.00	\$552.50	\$1,479.32	\$1,508.91
Employee + Child(ren)	\$903.54	\$0.00	\$533.22	\$1,436.76	\$1,465.50
Family (Employee + Spouse + Children)	\$1,336.24	\$0.00	\$975.73	\$2,311.97	\$2,358.21
CDP	Part-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$179.96	\$0.00	\$456.67	\$636.63	\$649.36
Employee + Spouse	\$456.74	\$0.00	\$816.54	\$1,273.28	\$1,298.75
Employee + Child(ren)	\$441.93	\$0.00	\$794.71	\$1,236.64	\$1,261.37
Family (Employee + Spouse + Children)	\$679.36	\$0.00	\$1,310.59	\$1,989.95	\$2,029.75
HDHP	Part-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$239.94	\$50.00	\$442.58	\$682.52	\$696.17
Employee + Spouse	\$608.98	\$50.00	\$755.09	\$1,364.07	\$1,391.35
Employee + Child(ren)	\$589.24	\$50.00	\$735.61	\$1,324.85	\$1,351.35
Family (Employee + Spouse + Children)	\$905.81	\$50.00	\$1,225.48	\$2,131.29	\$2,173.92
Kaiser - Monthly Part-time					
HMO	Part-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$270.03	\$0.00	\$464.97	\$735.00	\$749.70
Employee + Spouse	\$817.75	\$0.00	\$689.01	\$1,506.76	\$1,536.90
Employee + Child(ren)	\$793.48	\$0.00	\$676.53	\$1,470.01	\$1,499.41
Family (Employee + Spouse + Children)	\$1,174.12	\$0.00	\$950.04	\$2,124.16	\$2,166.64
HDHP	Part-time Employee Contribution	District HSA Contribution	District Contribution	Total Premium	COBRA Premium
Employee	\$170.16	\$50.00	\$328.58	\$498.74	\$508.71
Employee + Spouse	\$438.71	\$50.00	\$583.71	\$1,022.42	\$1,042.87
Employee + Child(ren)	\$419.83	\$50.00	\$577.65	\$997.48	\$1,017.43
Family (Employee + Spouse + Children)	\$658.86	\$50.00	\$782.50	\$1,441.36	\$1,470.19
Delta					
Premier Plus	Part-time Employee Contribution		District Contribution	Total Premium	COBRA Premium
Employee	\$32.47		\$9.01	\$41.48	\$42.31
Employee + Spouse	\$71.83		\$11.13	\$82.96	\$84.62
Employee + Child(ren)	\$81.67		\$11.67	\$93.34	\$95.21
Family (Employee + Spouse + Children)	\$132.83		\$14.42	\$147.25	\$150.20
Preventive Basic	Part-time Employee Contribution		District Contribution	Total Premium	COBRA Premium
Employee	\$6.89		\$7.39	\$14.28	\$14.57
Employee + Spouse	\$20.67		\$7.89	\$28.56	\$29.13
Employee + Child(ren)	\$24.11		\$8.02	\$32.13	\$32.77
Family (Employee + Spouse + Children)	\$42.02		\$8.67	\$50.69	\$51.70
VSP					
Vision Plan	Part-time Employee Contribution		District Contribution	Total Premium	COBRA Premium
Employee	\$7.90		\$0.00	\$7.90	\$8.06
Employee + Spouse	\$17.81		\$0.00	\$17.81	\$18.17
Employee + Child(ren)	\$19.27		\$0.00	\$19.27	\$19.66
Family (Employee + Spouse + Children)	\$30.80		\$0.00	\$30.80	\$31.42