



Eureka Union School District

Health Benefits Rate Sheet

2024-2025

Rates listed are monthly rates

Kaiser Monthly Premium Cost

	HMO 25/10-25Rx w/Chiro 60559D	DHMO 1000 \$10/\$30/20%RX w/Chiro	MID High Deductible 602214B (2000/3000/4000) W/HAS	High Deductible 607771B (3000/3000/6000) W/HSA
Employee	\$1078.00	\$968.00	\$770.00	\$660.00
Employee + Spouse	\$2,158.00	\$1936.00	\$1,536.00	\$1,317.00
Employee + Children	\$1,639.00	\$1471.00	\$1168.00	\$1002.00
Employee + Family	\$2,533.00	\$2,275.00	\$1,805.00	\$1,547.00

Sutter Health Plus Monthly Premium Cost

	HMO 25 - ML 41 w/Chiro	DHMO Peak 1000 ML86 w/Chiro	MID High Deductible HD33 (1600/3200/3200) W/HSA	High Deductible HD 32 (2500/3200/5000) W/HSA
Employee	\$1008.00	\$807.00	\$755.00	\$669.00
Employee + Spouse	\$2,016.00	\$1613.00	\$1,506.00	\$1,334.00
Employee + Children	\$1,532.00	\$1226.00	\$1144.00	\$1014.00
Employee + Family	\$2,370.00	\$1,896.00	\$1,768.00	\$1,566.00

Western Health Advantage Monthly Premium Cost

	HMO Premier 25/10-50RX w/Chiro	DHMO 1000/20/20% w/Chiro	MID High Deductible HMO (1800/3200/3600) W/HSA	High Deductible HMO (2800/3200/5600) W/HSA
Employee	\$858.00	\$654.00	\$629.00	\$546.00
Employee + Spouse	\$1,716.00	\$1292.00	\$1255.00	\$1089.00
Employee + Children	\$1,304.00	\$982.00	\$954.00	\$829.00
Employee + Family	\$2,016.00	\$1,518.00	\$1,474.00	\$1,279.00

Delta Dental II w/o Ortho Monthly Premium Cost

\$2000 Max

Employee	\$62.50
Employee + Spouse	\$125.00
Employee + Children	\$112.50
Employee + Family	\$175.00

VSP Plan B - No Deductible

Composite	\$22.70
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Hartford Life

\$50K

Employee	\$7.00
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EUREKA UNION SCHOOL DISTRICT'S CONTRIBUTION OF \$837.08 PER MONTH WILL BE PROVIDED FOR FULL TIME 12 MONTH EMPLOYEES TO BE USED TOWARDS GROUP HEALTH, DENTAL, LIFE AND VISION INSURANCE PREMIUMS. UNIT MEMBERS ASSIGNED LESS THAN 1 FTE SHALL BE PRO-RATED BASED ON THE FTE

**** 11 MONTH EMPLOYEE WILL PAY AN ADDITIONAL ESTIMATED 9.1% PER MONTH TO COVER JULY'S PREMIUM****

Example of a 12 Month Employee Monthly Cost Based on Cap of \$10,045

Medical - Sutter Health HMO 25-employee only	\$1008.00	Total Cost	\$1150.20
Dental - Employee + Children	\$112.50	District Contribution	\$(837.08)
Vision	\$22.70	Employees Total Cost	\$313.12
Life	\$7.00	per Month	
Total Cost	\$1150.20		