Monthly Rates (retroactively effective 10/1/2022)

SEIU Bargaining Unit

	Monthly	SCCOE Monthly	12-Month EE Monthly	11-Month EE Monthly	10-Month EE Monthly
Medical Plan	Premium	Contribution	Contribution	Contribution	Contribution
Anthem PPO	\$2,210.00	\$1,588.00	\$622.00	\$678.55	\$746.40
Anthem PPO Deductible	\$1,776.00	\$1,588.00	\$188.00	\$205.09	\$225.60
Anthem PPO High					
Deductible	\$1,352.00	\$1,352.00	\$0.00	\$0.00	\$0.00
Kaiser HMO	\$1,588.00	\$1,588.00	\$0.00	\$0.00	\$0.00
Kaiser HMO Deductible	\$1,510.00	\$1,510.00	\$0.00	\$0.00	\$0.00
Kaiser HMO High Deductible	\$1,253.00	\$1,253.00	\$0.00	\$0.00	\$0.00
Delta Dental - Economy	\$114.27	\$114.27	\$0.00	\$0.00	\$0.00
Delta Dental - Core	\$139.22	\$139.22	\$0.00	\$0.00	\$0.00
Vision - VSP	\$12.41	\$12.41	\$0.00	\$0.00	\$0.00

The above premium amounts are based on a composite rate. <u>If you work less than 6 hours per day</u>, please contact your Employee Benefits Specialist for monthly premium rates.