

Larkspur-Corte Madera School District
Benefit Year September 1, 2024 - August 31, 2025
11 PAY Employees

Plans and Monthly Premium Costs:

PLAN OPTIONS - ALL rates are Composite Rates for active employees			
Vendor	Plan	September	Oct - Aug
Kaiser Traditional HMO \$20, \$10-20 Rx	\$20 OV, \$10-20 Rx	\$1,664.00	\$ 1,791.00
Kaiser Deductible HMO DHMO \$1000	DHMO \$1,000	\$1,396.00	\$ 1,527.00
Kaiser H.S.A. \$3,000	HSA \$3,000	\$1,134.00	\$ 1,221.00
Blue Shield PPO 80-L \$30 Rx 9-35	80-L, \$30, RX 9-35	\$1,800.00	\$ 1,866.00
Blue Shield PPO H.S.A. \$3,000	HSA-B, Rx HSA-B	\$1,532.00	\$ 1,587.00
Blue Shield 2-Tier PPO H.S.A. \$5,000 (EE)	Anchor Bronze**, Rx MVP	\$ 863.00	\$ 895.00
Blue Shield 2-Tier PPO H.S.A. \$5,000 (EE+CH)	Anchor Bronze**, Rx MVP	\$1,371.00	\$ 1,423.00
Delta Dental***	\$2,200/\$2,000	\$ 124.04	\$ 124.04
(CL)Vision Service Plan*****		\$ 12.91	\$ 12.91
(CE)Vision Service Plan*****		\$ 18.70	\$ 18.70

Annual Cap for all eligible employees: **\$ 22,750.00**

**Blue Shield Anchor Bronze, Rx MVP are base level plans and only available for employee only and employee plus children (no spousal/domestic partner coverage)

*** Dental is non-voluntary for qualifying employees

****Vision is voluntary and enrollment at new hire only **Payroll Deduction = \$14.08 per month**

*****Vision is voluntary and enrollment at new hire only **Payroll Deduction = \$20.40 per month**

Annual costs and employee over the cap monthly deduction:

KAISER PERMANENTE Health Plans	Dental (non voluntary) Annual Amount	Health Premium Sept	Health Premium Oct - Aug	Total Premiums Sept - Aug	District Paid Cap	Employee Total Over the Cap Costs	Summer 2024 Employee Over the Cap Cost	Sept-June EE Over the Cap Cost*	Monthly Over the Cap Contribution	Monthly Summer Over the Cap	Total Monthly Pay Deduction
Kaiser Traditional HMO	\$1,488.48	\$1,664.00	\$19,701.00	\$22,853.48	\$22,750.00	\$103.48	\$19.21	\$84.27	\$7.66	\$1.75	\$9.41
Kaiser Deductible HMO DHMO	\$1,488.48	\$1,396.00	\$16,797.00	\$19,681.48	\$22,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser HSA	\$1,488.48	\$1,134.00	\$13,431.00	\$16,053.48	\$22,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield PPO 80-L \$30	\$1,488.48	\$1,800.00	\$20,526.00	\$23,814.48	\$22,750.00	\$1,064.48	\$94.21	\$970.27	\$88.21	\$8.56	\$96.77
Blue Shield PPO HSA \$3,000	\$1,488.48	\$1,532.00	\$17,457.00	\$20,477.48	\$22,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BS PPO 2-Tiered H.S.A. \$5,000 (EE)	\$1,488.48	\$863.00	\$9,845.00	\$12,196.48	\$22,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BS PPO 2-Tiered H.S.A. \$5,000 (EE+)	\$1,488.48	\$1,371.00	\$15,653.00	\$18,512.48	\$22,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

***Benefit payments are taken in advance (i.e. August deduction for September coverage). The monthly deduction will be taken over 11 pay checks, August thru June.**

If you wish for your monthly deduction to be taken pre-tax, you will need to enroll in the district's American Fidelity Section 125 plan.