

**Larkspur-Corte Madera School District**  
**Benefit Year September 1, 2023 - August 31, 2024**  
**11 PAY Employees**

**Plans and Monthly Premium Costs:**

<b>PLAN OPTIONS - ALL rates are Composite Rates for active employees</b>			
<b>Vendor</b>	<b>Plan</b>	<b>September</b>	<b>Oct - Aug</b>
Kaiser Traditional HMO \$20, \$10-20 Rx	\$20 OV, \$10-20 Rx	\$1,538.00	\$ 1,664.00
Kaiser Deductible HMO DHMO \$1000	DHMO \$1,000	\$1,271.00	\$ 1,396.00
Kaiser H.S.A. \$3,000	HSA \$3,000	\$1,048.00	\$ 1,134.00
Blue Shield PPO 80-L \$30 Rx 9-35	80-L, \$30, RX 9-35	\$1,645.00	\$ 1,800.00
Blue Shield PPO H.S.A. \$3,000	HSA-B, Rx HSA-B	\$1,482.00	\$ 1,532.00
Blue Shield 2-Tier PPO H.S.A. \$5,000 (EE)	Anchor Bronze**, Rx MVP	\$ 837.00	\$ 863.00
Blue Shield 2-Tier PPO H.S.A. \$5,000 (EE+CH)	Anchor Bronze**, Rx MVP	\$1,314.00	\$ 1,371.00
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: **\$ 12,250.00 +\$1200 Single Coverage**  
(Certificated Staff Only)

\*\*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:**

<b>KAISER PERMANENTE Health Plans</b>	<b>Dental (non voluntary) Annual Amount</b>	<b>Health Premium Sept</b>	<b>Health Premium Oct - Aug</b>	<b>Total Premiums Sept - Aug</b>	<b>District Paid Cap</b>	<b>Employee Total Over the Cap Costs</b>	<b>Summer 2022 Employee Over the Cap Cost</b>	<b>Sept-June EE Over the Cap Cost*</b>	<b>Monthly Over the Cap Contribution</b>	<b>Monthly Summer Over the Cap</b>	<b>Total Monthly Pay Deduction</b>
Kaiser Traditional HMO	\$1,488.48	\$1,538.00	\$18,304.00	\$21,330.48	\$12,250.00	\$9,080.48	\$767.21	\$8,313.27	\$755.75	\$69.75	\$825.50
Kaiser Deductible HMO DHMO	\$1,488.48	\$1,271.00	\$15,356.00	\$18,115.48	\$12,250.00	\$5,865.48	\$499.21	\$5,366.27	\$487.84	\$45.38	\$533.23
Kaiser HSA	\$1,488.48	\$1,048.00	\$12,474.00	\$15,010.48	\$12,250.00	\$2,760.48	\$237.21	\$2,523.27	\$229.39	\$21.56	\$250.95
Blue Shield PPO 80-L \$30	\$1,488.48	\$1,645.00	\$19,800.00	\$22,933.48	\$12,250.00	\$10,683.48	\$903.21	\$9,780.27	\$889.12	\$82.11	\$971.23
Blue Shield PPO HSA \$3,000	\$1,488.48	\$1,482.00	\$16,852.00	\$19,822.48	\$12,250.00	\$7,572.48	\$635.21	\$6,937.27	\$630.66	\$57.75	\$688.41
BS PPO 2-Tiered H.S.A. \$5,000 (EE)	\$1,488.48	\$837.00	\$9,493.00	\$11,818.48	\$12,250.00	\$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	\$1,314.00	\$15,081.00	\$17,883.48	\$12,250.00	\$5,633.48	\$474.21	\$5,159.27	\$469.02	\$43.11	\$512.13

\*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.