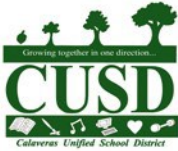


# CALAVERAS UNIFIED SCHOOL DISTRICT



3304 Highway 12  
P.O. Box 788  
San Andreas, CA 95249  
(209) 754-2300  
[www.calaveras.k12.ca.us](http://www.calaveras.k12.ca.us)

## Health and Welfare Benefit Package Classified Employees 2023-2024 Benefit Year (October 1, 2023 – September 30, 2024)

<b>Plan 1A</b>	Single: \$1,333.00 Less Cap: \$825.00 Employee Cost: \$508.00	Employee + One: \$2,293.00 Less Cap: \$825.00 Employee Cost: \$1,468.00	Family: \$2892.00 Less Cap: \$825.00 Employee Cost: \$2,067.00
<b>Wellness</b>	Single: \$1,098.00 Less Cap: \$825.00 Employee Cost: \$273.00	Employee + One: \$1,889.00 Less Cap: \$825.00 Employee Cost: \$1,064.00	Family: \$2,383.00 Less Cap: \$825.00 Employee Cost: \$1,558.00
<b>Plan 4B</b>	Single: \$1,176.00 Less Cap: \$825.00 Employee Cost: \$351.00	Employee + One: \$2,023.00 Less Cap: \$825.00 Employee Cost: \$1,198.00	Family: \$2,552.00 Less Cap: \$825.00 Employee Cost: \$1,727.00
<b>Plan 6B</b>	Single: \$1,083.00 Less Cap: \$825.00 Employee Cost: \$258.00	Employee + One: \$1,863.00 Less Cap: \$825.00 Employee Cost: \$1,038.00	Family: \$2,350.00 Less Cap: \$825.00 Employee Cost: \$1,525.00
<b>Plan 10D</b>	Single: \$708.00 Less Cap: \$825.00 Employee Cost: <b>\$(117.00)</b>	Employee + One: \$1,218.00 Less Cap: \$825.00 Employee Cost: \$393.00	Family: \$1,536.00 Less Cap: \$825.00 Employee Cost: \$711.00
<b>HDHP 2</b>	Single: \$663.00 Less Cap: \$825.00 Employee Cost: <b>\$(162.00)</b>	Employee + One: \$1,140.00 Less Cap: \$825.00 Employee Cost: \$315.00	Family: \$1,439.00 Less Cap: \$825.00 Employee Cost: \$614.00
<b>Kaiser</b>	Single: \$1,168.00 Less Cap: \$825.00 Employee Cost: \$343.00	Employee + One: \$2,008.00 Less Cap: \$825.00 Employee Cost: \$1,183.00	Family: \$2,532.00 Less Cap: \$825.00 Employee Cost: \$1,707.00
<b>CVT Bronze</b>	Single: \$610.00 Less Cap: \$825.00 Employee Cost: <b>\$(215.00)</b>	Employee + One: \$1,049.00 Less Cap: \$825.00 Employee Cost: \$224.00	Family: \$1,324.00 Less Cap: \$825.00 Employee Cost: \$499.00

Rates are effective October 1, 2023 through September 30, 2024. Rates are subject to change October 1, 2024.

<b>Delta Dental Employee Only</b>	<b>Delta Dental Employee + One</b>	<b>Delta Dental Family</b>
\$59.94	\$108.56	\$156.06
<b>Vision- Employee Only</b>	<b>Vision- Employee + One</b>	<b>Vision- Family</b>
\$6.72	\$12.48	\$19.21

CUSD will cover the cost of Vision & Dental effective December 1, 2022.

Please refer to the attached CVT Blue Cross Prudent Buyer Options for health coverage comparisons. For more information about health plan coverage, call **Sara Phillips at 754-2300** in the Personnel Department. You may call Blue Cross directly at 800-234-4333 or visit the Blue Cross web site at [www.bluecrossca.com](http://www.bluecrossca.com).

Rates are set through contract provisions with Central Valley Trust and are subject to change annually in October. C.U.E.A. has an open enrollment period every September for plan changes. The Payroll Department will automatically deduct the employee portion from their monthly paychecks beginning with the month the coverage becomes effective.

Full-time employees are required to participate in medical, dental and vision. If an employee has dependents (spouse and children), it is strongly recommended they are enrolled at the time the employee becomes eligible. All plans include spouse/dependent coverage at no additional cost. If a family member is not enrolled at the time of enrollment, they must wait until an open enrollment period to be added.

Staff members who work the full school year will be covered for 12 months. Those employees hired less than full-time are offered benefits on a pro-rata basis consistent with their contract percentage; OR they may opt for no coverage. The district urges any employee who anticipates being on an unpaid leave of absence to contact the Personnel Department to determine what impact, if any, their leave will create for insurance purposes.

We recommend employees call Blue Cross with any questions prior to any treatments/services in order to fully understand the definitions and liabilities for your out-of-pocket expense and the differences between deductibles and co-pays and fiscal year versus calendar year payments.

## **District Paid Insurances**

### **Disability Insurance**

Disability insurance is provided for all employees who have a contract that equals .5 FTE, or more. The Personnel Department will automatically enroll eligible staff members in this program upon the first month of hire. This is a district paid benefit, and there is no cost to the employee.

Disability coverage begins on the 11<sup>th</sup> consecutive day of an illness or injury. It is the responsibility of the employee to notify the Payroll Department when he/she becomes eligible for benefits. To qualify for benefits, forms must be completed by the district, employee, and attending physician/care provider and submitted to the disability carrier.

### **Life Insurance**

Life insurance for staff members is also provided by the district for employees working 20 or more hours per week or have a contract that equals .5 FTE or more. The Personnel Department will enroll all eligible employees upon completion of the enrollment form. This is a district paid benefit, and there is no cost to the employee. Supplemental life insurance is available to employees through a payroll deduction. Please contact the Personnel Department for further information.