



2023-2024 Monthly Insurance Premiums All Benefit Eligible Employees

Monthly Rate Summary for Benefit Eligible Employees Effective July 1, 2023 through June 30, 2024				
	Choice \$500 PPO (Mid PPO)	Choice HDHP \$1,500 (Base HSA)	Choice \$5,000 (Base Plan)	
Employee Only	\$98.79	\$0.00	\$0.00	
Employee + Spouse	\$739.11	\$534.62	\$453.07	
Employee + Child(ren)	\$649.34	\$459.66	\$389.56	
Employee + Family	\$1,199.91	\$919.33	\$779.11	
*Spousal Share	\$700.26	\$419.69	\$355.67	
	Delta Dental Dental PPO	TDA Dental HMO	VSP Vision	
Employee Only	\$42.00	\$10.00	\$7.19	
Employee + Spouse	\$85.00	\$20.00	\$14.39	
Employee + Child(ren)	\$71.00	\$22.00	\$15.39	
Employee + Family	\$110.00	\$25.00	\$24.60	

** Employee and Spouse whom are both HUSD benefit eligible staff can share "Employee + Family" Coverage.*

Monthly COBRA PARTICIPANT Rate Summary Effective July 1, 2023 through June 30, 2024				
	Choice \$0 PPO Buy Up PPO*	Choice \$500 PPO Mid PPO*	Choice HDHP \$1,500 BASE HSA*	Navigate \$5,000 BASE PLAN*
Employee Only	\$790.48	\$673.55	\$561.33	\$476.58
Employee + Spouse	\$1,542.24	\$1,314.08	\$1,095.15	\$929.81
Employee + Child(ren)	\$1,430.48	\$1,218.85	\$1,015.77	\$862.43
Employee + Family	\$2,115.92	\$1,802.89	\$1,502.51	\$1,275.67
	Delta Dental Dental PPO*	TDA Dental HMO*	VSP Vision*	
Employee Only	\$42.84	\$10.20	\$7.33	
Employee + Spouse	\$86.70	\$20.40	\$14.68	
Employee + Child(ren)	\$72.42	\$22.44	\$15.70	
Employee + Family	\$112.20	\$25.50	\$25.09	

** Does not include 2% COBRA Administration fee*