



KENTFIELD SCHOOL DISTRICT

HEALTH AND WELFARE BENEFITS
OCTOBER 1, 2023 - SEPTEMBER 30, 2024
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)

TABLE OF CONTENTS

Page 1	Kaiser Active Employees
Page 2	Blue Shield Active Employees
Page 3	Dental and Vision and Income Protection
Page 4	Kaiser & Blue Shield Retiree Health Plans (Age 65 +)
Page 5	Kaiser Co-Payments/Plan Design
Page 6	Blue Shield Co-Payments/Plan Design

KENTFIELD SCHOOL DISTRICT
2023-2024 Health Benefits

Insurance District Cap:	Single Two-Party	869.00 1,738.00	Medical Insurance Waiver* Per Month Cash In Lieu =
2023-2024 Monthly Rate	Employee 125/Plan Contribution		50% x \$869 (Single Cap Rounded to the next \$10) x 12 / 11 = \$4474.55 *Not offered to employees new to the District after July 1, 2004

KAISER ACTIVE EMPLOYEES & COBRA

KAISER HMO TRADITIONAL w/Chiropractic

\$10 Office Visit, \$10 Rx, \$100 Emergency Room

Single District pays cost of employee
Two-Party plus one additional family member
Family up to the capped limit.

Chiropractic \$10 co-pay / 30 visits

606394-0042ABN Active

\$ 869.00	\$ 869.00	**
\$ 1,738.00	\$ 1,738.00	**
\$ 2,460.00	\$ 1,738.00	**

KAISER HMO DEDUCTIBLE w/Chiropractic

\$20 Office Visit, \$10/\$30/\$60 Rx, 10% Emergency Room, 10% Hospital after deductible

Single District pays cost of employee
Two-Party plus one additional family member
Family up to the capped limit.

Chiropractic \$10 co-pay / 30 visits

606394-0046ABN Active

\$ 808.00	\$ 808.00	**
\$ 1,616.00	\$ 1,616.00	**
\$ 2,287.00	\$ 1,738.00	**

KAISER HEALTH SAVINGS ACCOUNT (HSA)

Deductible \$1,500/\$3,000, Maximum Out-of-Pocket \$3,000/\$6,000

\$10% Office Visit, \$10/\$30/\$60 Rx, 10% Emergency Room, 10% Hospital after deductible

Single District pays cost of employee
Two-Party plus one additional family member
Family up to the capped limit.

Chiropractic None

606394-0048ABN Active

\$ 670.00	\$ 670.00	**
\$ 1,340.00	\$ 1,340.00	**
\$ 1,896.00	\$ 1,738.00	**

**** All Employee Calculations are subject to change based on FTE**

Monthly Rate	District Contribution	Employee 125/Plan Contribution
--------------	-----------------------	--------------------------------

BLUE SHIELD ACTIVE EMPLOYEES & COBRA

BLUE SHIELD PPO 100% PLAN A

\$20 Office Visit, \$5/\$20/\$50 Rx, \$100 Emergency Room

Single	District pays cost of employee	\$ 1,271.00	\$ 869.00	\$	523310P011000 Active	402.00	**
Two-Party	plus one additional family member	\$ 2,550.00	\$ 1,738.00	\$		812.00	**
Family	up to the capped limit.	\$ 3,623.00	\$ 1,738.00	\$		1,885.00	**

Chiropractic \$0 co-pay / 20 visits

BLUE SHIELD PPO 80% PLAN E

\$20 Office Visit, \$7/\$25/\$60 Rx, 20% - \$100 Emergency Room, 20% after deductible

Single	District pays cost of employee	\$ 1,085.00	\$ 869.00	\$	523310P021000 Active	216.00	**
Two-Party	plus one additional family member	\$ 2,173.00	\$ 1,738.00	\$		435.00	**
Family	up to the capped limit.	\$ 3,084.00	\$ 1,738.00	\$		1,346.00	**

Chiropractic 20% co-pay / 20 visits

BLUE SHIELD HEALTH SAVINGS ACCOUNT - (HSA - A)

10% Office Visit, \$9/\$35/\$90 Rx after deductible, \$100 Emergency, Room 10% after deductible

Single	District pays cost of employee	\$ 860.00	\$ 860.00	\$	523310P041000 Active	-	**
Two-Party	plus one additional family member	\$ 1,717.00	\$ 1,717.00	\$		-	**
Family	up to the capped limit.	\$ 2,434.00	\$ 1,738.00	\$		696.00	**

Chiropractic 10% - limits apply

**** All Employee Calculations are subject to change based on FTE**

**DENTAL AND VISION ACTIVE & COBRA
INCOME PROTECTION**

Monthly Rate	District Contribution	Employee 125/Plan Contribution
--------------	-----------------------	--------------------------------

DELTA DENTAL

Single District pays cost of employee only.

Two-Party

Family

\$ 73.48	\$ 73.48	\$	7302-1101 Active
\$ 146.97	\$ 73.48	\$	73.49
\$ 213.11	\$ 73.48	\$	139.63

VISION SERVICE PLAN

Single District pays cost of employee only.

\$ 19.32	\$ 19.32	\$	30081850 Active
----------	----------	----	-----------------

THE HARTFORD - LONG TERM DISABILITY - Income Protection .408% of monthly gross salaries - Paid by District (Certificated & Classified)

METROPOLITAN LIFE INSURANCE

\$ 5.40	\$30,000	Life Insurance Policy **
---------	----------	--------------------------

(** Effective 7/1/2015 must work 12 months, 8 hours a day to be eligible.)

Open enrollment: September of each year.

Effective as of July 1, 1994, and as per our agreements with employee groups, newly hired certificated employees who work 1/2 time (FTE .50) or more, and newly hired classified employees who work 20 or more hours per week are eligible for District-paid health benefits, prorated.

Monthly Rate	District Contribution	Retiree Self-Pay
--------------	-----------------------	------------------

KAISER AND BLUE SHIELD RETIREES - (AGE 65 +)

KAISER HMO TRADITIONAL RETIREE - Senior Advantage w/Chiropractic

		606321-0002 RBN_2WIM w/Medicare Ret 65+
\$10 Office Visit, \$10 Rx, \$100 Emergency Room		
Single	\$ 281.00 \$ -	\$ 281.00
Two-Party	\$ 582.00 \$ -	\$ 582.00
Family	\$ 1,288.00 \$ -	\$ 1,288.00
Chiropractic		
	\$10 co-pay / 30 visits	

BLUE SHIELD PPO 100% PLAN A RETIREE - Age 65 and Older

		523310P011002 Ret 65+
\$20 Office Visit, \$5/\$20/\$50 Rx, \$100 Emergency Room		
Single	\$ 1,271.00 \$ -	\$ 1,271.00
Two-Party	\$ 2,550.00 \$ -	\$ 2,550.00
Family	\$ 3,623.00 \$ -	\$ 3,623.00
Chiropractic		
	\$0 co-pay / 20 visits	

BLUE SHIELD PPO 80% PLAN E RETIREE - Age 65 and Older

		523310P021002 Ret 65+
\$20 Office Visit, \$7/\$25/\$60 Rx, 20% - \$100 Emergency Room, 20% after deductible		
Single	\$ 1,085.00 \$ -	\$ 1,085.00
Two-Party	\$ 2,173.00 \$ -	\$ 2,173.00
Family	\$ 3,084.00 \$ -	\$ 3,084.00
Chiropractic		
	20% co-pay / 20 visits	

Kaiser
 Medical Insurance Plans Comparison
 October 1, 2023 - September 30, 2024

Co-Payments	Kaiser HMO Traditional	Kaiser HMO \$500 Deductable	Kaiser Health Savings
Office Visits	\$10	\$20	10% Coinsurance after Deductable
Pharmacy Rx:			
Generic Rx	\$10	\$10	\$10
Brand Rx	\$10	\$30	\$30
Specialty Rx - 30 day	\$10	\$30	\$30
Days Rx Supply	100	30	30
Mail Order Rx:			
Generic Rx	\$10	\$20	\$20
Brand Rx	\$10	\$60	\$60
Specialty Rx - 30 day	\$10	N/A	N/A
Days Rx Supply	100	100	100
Hospital Emergency Rm.	\$100	10% Coinsurance after Deductable	10% Coinsurance after Deductable
Hospital Inpatient Co-Pay	\$0	10% Coinsurance after Deductable	10% Coinsurance after Deductable
Maximum Out-of-Pocket:			
Employee Only	\$1,500	\$3,000	\$3,000
Employee + 1	\$3,000	\$6,000	\$6,000
Family	\$3,000	\$6,000	\$6,000
Chiropractic	\$10/30 visits	\$10/30 visits	N/A
Mental Health/Chemical Dependency	\$10	10% Coinsurance after Deductable	10% Coinsurance after Deductable
Optical	N/A	N/A	N/A

Blue Shield PPO Plans
 Medical Insurance Plans Comparison
 October 1, 2023- September 30, 2024

	Blue Shield - Plan A 100%	Blue Shield - Plan E 80%
Co-Payments		
Office Visits	\$20	\$20
Pharmacy Rx:		
Generic Rx	\$5	\$7
Generic Rx (Costco)	Free	Free
Brand Rx	\$20	\$25
Brand Rx (Costco)	\$20 - \$50	\$25 - \$60
Specialty Rx	N/A	N/A
Days Rx Supply	30 - 90	30 - 90
Mail Order Rx:		
Generic Rx (Costco)	Free	Free
Brand Rx (Costco)	\$50	\$60
Specialty Rx	N/A	N/A
Days Rx Supply	90	90
Hospital Emergency Rm.	\$100	20% after deductible
Hospital Inpatient Co-Pay	\$0	20% after deductible
Maximum Out-of-Pocket:		
Employee Only	\$1,000	\$1,000
Employee + 1	\$2,000	\$2,000
Family	\$3,000	\$3,000
Chiropractic	no charge/20 visits	20%
Mental Health/Chemical Dependency	\$20	\$20
Optical	N/A	N/A

Blue Shield - (HSA - A)	
Health Savings Account	10%
	\$9
	\$35
30 - 90	
Free	
N/A	
90	
\$100, 10% after deductible	
	10%
	\$3,000
	\$6,000
	\$6,000
	10%
	10%
	N/A

Blue Shield PPO Plans
 Medical Insurance Plans Comparison
 October 1, 2023- September 30, 2024

	Blue Shield - Plan A 100%	Blue Shield - Plan E 80%	Blue Shield - (HSA - A) Health Savings Account
Co-Payments			
Office Visits	\$20	\$20	10%
Pharmacy Rx:			
Generic Rx	\$5	\$7	\$9
Generic Rx (Costco)	Free	Free	
Brand Rx	\$20	\$25	\$35
Brand Rx (Costco)	\$20 - \$50	\$25 - \$60	
Specialty Rx	N/A	N/A	
Days Rx Supply	30 - 90	30 - 90	30 - 90
Mail Order Rx:			
Generic Rx (Costco)	Free	Free	Free
Brand Rx (Costco)	\$50	\$60	
Specialty Rx	N/A	N/A	N/A
Days Rx Supply	90	90	90
Hospital Emergency Rm.	\$100	20% after deductible	\$100, 10% after deductible
Hospital Inpatient Co-Pay	\$0	20% after deductible	10%
Maximum Out-of-Pocket:			
Employee Only	\$1,000	\$1,000	\$3,000
Employee + 1	\$2,000	\$2,000	\$6,000
Family	\$3,000	\$3,000	\$6,000
Chiropractic	no charge/20 visits	20%	10%
Mental Health/Chemical Dependency	\$20	\$20	10%
Optical	N/A	N/A	N/A

KENTFIELD SCHOOL DISTRICT

2023-2024

Delta Dental & VSP Benefits

DENTAL		Dental Monthly Rate	District Contribution	Employee 125/Plan Contribution	% Increase/Decrease
DELTA DENTAL					
Single	District pays cost of employee only	\$ 73.48	\$ 73.48	\$ -	
Two-Party		\$ 146.97	\$ 73.48	\$ 73.49	
Family		\$ 213.11	\$ 73.48	\$ 139.63	0.00%
VISION					
VISION SERVICE PLAN					
Single	District pays cost of employee only	\$ 19.32	\$ 19.32	\$ -	0.00%