

Mountain Empire Unified School District  
 Health Costs  
 January 1, 2023 to December 31, 2023  
 Certificated & Classified Employees

| * Kaiser 10 Rx:\$10/\$20 | Premium  | Employee | District |
|--------------------------|----------|----------|----------|
| Employee                 | 851.00   | 0.00     | 851.00   |
| Two Party                | 1,682.00 | 420.00   | 1,262.00 |
| Family                   | 2,372.00 | 594.00   | 1,778.00 |

| * United Health Care Network 1 | Premium  | Employee | District |
|--------------------------------|----------|----------|----------|
| Employee                       | 969.00   | 137.00   | 832.00   |
| Two Party                      | 1,917.00 | 660.00   | 1,257.00 |
| Family                         | 2,691.00 | 920.00   | 1,771.00 |

| Certificated Pre-2014 |          |
|-----------------------|----------|
| Employee              | District |
| 0.00                  | 969.00   |
| 708.97                | 1,208.03 |
| 981.99                | 1,709.01 |

| * United Health Care Network 2 | Premium  | Employee | District |
|--------------------------------|----------|----------|----------|
| Employee                       | 1,133.00 | 402.00   | 731.00   |
| Two Party                      | 2,222.00 | 1,048.00 | 1174.00  |
| Family                         | 3,120.00 | 1,487.00 | 1633.00  |

| Employee | District |
|----------|----------|
| 0.00     | 1,133.00 |
| 616.77   | 1,605.23 |
| 871.69   | 2,248.31 |

| * United Health Care Network 3 | Premium  | Employee | District |
|--------------------------------|----------|----------|----------|
| Employee                       | 1,058.00 | 181.00   | 877.00   |
| Two Party                      | 1,901.00 | 656.00   | 1245.00  |
| Family                         | 2,674.00 | 911.00   | 1763.00  |

| UHC Signature Value Alliance 20/30 | Premium  | Employee | District |
|------------------------------------|----------|----------|----------|
| Employee                           | 1,038.00 | 195.00   | 843.00   |
| Two Party                          | 2,031.00 | 764.00   | 1267.00  |
| Family                             | 2,846.00 | 1,018.00 | 1828.00  |

| Employee | District |
|----------|----------|
| 0.00     | 1,038.00 |
| 566.16   | 1,464.84 |
| 796.16   | 2,049.84 |

| UHC Journey Plan - Harmony (Tier 3) | Premium  | Employee | District |
|-------------------------------------|----------|----------|----------|
| Employee                            | 843.00   | 11.00    | 832.00   |
| Two Party                           | 1,609.00 | 361.00   | 1248.00  |
| Family                              | 2,251.00 | 492.00   | 1759.00  |

| SIMNSA    | Premium | Employee | District |
|-----------|---------|----------|----------|
| Employee  | 322.00  | 0.00     | 322.00   |
| Two Party | 565.00  | 0.00     | 565.00   |
| Family    | 830.00  | 0.00     | 830.00   |

| Delta Dental          |       |               |
|-----------------------|-------|---------------|
| Employee & Dependents | 98.78 | District Paid |

| VSP Vision            |       |               |
|-----------------------|-------|---------------|
| Employee & Dependents | 10.78 | District Paid |

| Life Insurance \$50,000        |      |               |
|--------------------------------|------|---------------|
| All Benefit Eligible Employees | 5.70 | District Paid |

| Income Protection/Long Term    |            |               |
|--------------------------------|------------|---------------|
| All Benefit Eligible Employees | Percentage | District Paid |

\* Includes Acupuncture and Chiropractic through Optum