

National School District
2023 MANAGEMENT/SUPERVISORY/CONFIDENTIAL Benefit Rates
Rates are deducted 10thly September - June

<i>Effective 1-1-23</i>	KAISER - DELTA DENTAL PPO						KAISER - DELTACARE DHMO						
	VSP VISION (EE Only)			SUPERIOR VISION			VSP VISION (EE Only)			SUPERIOR VISION			
	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	
Cap - \$15,782													
Employee Cost	\$0.00	\$62.59	\$229.20	\$0.00	\$64.16	\$230.77	\$0.00	\$56.98	\$223.49	\$0.00	\$58.41	\$225.02	

UNITED HEALTHCARE NETWORK 1

<i>Effective 1-1-23</i>	UNITED HEALTHCARE - DELTA DENTAL PPO						UNITED HEALTHCARE - DELTACARE DHMO						
	VSP VISION (EE Only)			SUPERIOR VISION			VSP VISION (EE Only)			SUPERIOR VISION			
	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	
Cap - \$15,782													
Employee Cost	\$0.00	\$107.26	\$290.31	\$0.00	\$108.82	\$291.88	\$0.00	\$97.64	\$283.11	\$0.00	\$99.07	\$284.63	

UNITED HEALTHCARE NETWORK 2

<i>Effective 1-1-23</i>	UNITED HEALTHCARE - DELTA DENTAL PPO						UNITED HEALTHCARE - DELTACARE DHMO						
	VSP VISION (EE Only)			SUPERIOR VISION			VSP VISION (EE Only)			SUPERIOR VISION			
	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	
Cap - \$15,782													
Employee Cost	\$0.00	\$128.17	\$348.22	\$0.00	\$129.98	\$349.96	\$0.00	\$116.91	\$340.07	\$0.00	\$118.55	\$341.77	

SIGNATURE VALUE ALLIANCE \$20/\$30

<i>Effective 1-1-23</i>	UNITED HEALTHCARE - DELTA DENTAL PPO						UNITED HEALTHCARE - DELTACARE DHMO						
	VSP VISION (EE Only)			SUPERIOR VISION			VSP VISION (EE Only)			SUPERIOR VISION			
	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	
Cap - \$15,782													
Employee Cost	\$0.00	\$111.81	\$301.89	\$0.00	\$113.43	\$303.48	\$0.00	\$101.84	\$294.49	\$0.00	\$103.31	\$296.06	

SIMNSA

<i>Effective 1-1-23</i>	SIMNSA - DELTA DENTAL PPO						SIMNSA - DELTACARE DHMO						
	VSP VISION (EE Only)			SUPERIOR VISION			VSP VISION (EE Only)			SUPERIOR VISION			
	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	EE Only	EE & 1 Dep	EE & 2+ Dep	
Cap - \$15,782													
Employee Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	