

# SOUTHERN KERN UNIFIED SCHOOL DISTRICT

MAINTAINING EXCELLENCE

## CERTIFICATED & ADMINISTRATOR HEALTH PLAN OPTIONS/Delta Dental

**Effective October 1, 2023 - September 30, 2024**

IF YOU ELECT TO CHANGE MEDICAL PLANS, THIS FORM MUST BE RETURNED TO THE DISTRICT OFFICE/HUMAN RESOURCES DEPARTMENT  
NO LATER THAN FRIDAY, AUGUST 18, 2023.

10 Monthly Payroll Deductions - September thru June

PLAN OPTIONS	PLAN CHOICES		
Medical Plan	<b>Anthem Blue Cross - 100C 40093E</b>	<b>Anthem Blue Cross - 80E 40093H</b>	<b>Kaiser Permanente 234480-0008ABN</b>
Ind/Family Deductible	\$200/\$400	\$300/\$600	NA
Max OOP*	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000
Coverage	100%	80%	NA
Office Visit	\$20	\$20	\$10
Prescription**	\$7/\$25	\$7/\$25	\$10
Vision Services Plan	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year Plus Kaiser Vision Plan
<b>Delta Dental PPO Incentive w/ Orthodontics</b>	70% - 100% \$1,500/\$1,700 Max \$2,000 Lifetime Ortho	70% - 100% \$1,500/\$1,700 Max \$2,000 Lifetime Ortho	70% - 100% \$1,500/\$1,700 Max \$2,000 Lifetime Ortho
Mutual of Omaha Employee Life Insurance	\$50,000.00	\$50,000.00	\$50,000.00
<b>MONTHLY PAYROLL DEDUCTION</b>			
<b>10 MONTHLY PAYROLL DEDUCTIONS</b>	<b>\$359.58</b>	<b>\$137.58</b>	<b>\$43.98</b>

**SOUTHERN KERN UNIFIED SCHOOL DISTRICT**  
MAINTAINING EXCELLENCE

**CERTIFICATED & ADMINISTRATOR HEALTH PLAN OPTIONS/Anthem Dental**

**Effective October 1, 2023 - September 30, 2024**

*10 Monthly Payroll Deductions - September thru June*

PLAN OPTIONS	PLAN CHOICES		
Medical Plan	<b>Anthem Blue Cross - 100C 40093E</b>	<b>Anthem Blue Cross - 80E 40093H</b>	<b>Kaiser Permanente 234480-0008ABN</b>
Ind/Family Deductible	\$200/\$400	\$300/\$600	NA
Max OOP*	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000
Coverage	100%	80%	NA
Office Visit	\$20	\$20	\$10
Prescription**	\$7/\$25	\$7/\$25	\$10
Vision Services Plan	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year	\$0 co-pay \$150 frames or \$105 contacts Every calendar year Plus Kaiser Vision Plan
<b>Anthem Dental Essential Choice PPO \$ 4,000 w/ Orthodontics</b>	\$4,000 Max \$2,000 Lifetime Ortho	\$4,000 Max \$2,000 Lifetime Ortho	\$4,000 Max \$2,000 Lifetime Ortho
Mutual of Omaha Employee Life Insurance	\$50,000.00	\$50,000.00	\$50,000.00
<b>MONTHLY PAYROLL DEDUCTION</b>			
<b>10 MONTHLY PAYROLL DEDUCTIONS</b>	<b>\$342.30</b>	<b>\$120.30</b>	<b>\$26.70</b>