

**APPENDIX B-6 HEALTH AND WELFARE BENEFITS INFORMATION**



**TEMECULA VALLEY UNIFIED SCHOOL DISTRICT  
 CERTIFICATED HEALTH AND WELFARE BENEFITS INFORMATION  
 2019-2020 ANNUAL INSURANCE RATES**

- 1. Life Insurance \$25,000**  
 Full-time Employee \$39.17
  
- 2. Delta Dental & VSP Vision Insurance**  
 Full-time Employee, including dependents \$1,362.00
  
- Delta Dental w/ Orthodontia & VSP Vision Insurance** \$1,741.00  
 Full-time Employee, including dependents
  
- 3. Medical Insurance**  
 Full-time Employee, including dependents

Plan Options	Medical/Dental/Vision Monthly District Contribution	Medical/Dental/Vision** Monthly Full Time Employee Cost
SISC - PPO 40464A	\$887.25	\$757.25
SISC - PPO 40464B	\$887.25	\$256.25
SISC - PPO 40464C	\$887.25	\$530.25
SISC - PPO 40464D	\$887.25	\$667.25
SISC - HMO 57AHCA	\$887.25	\$527.25
SISC – KAISER	\$887.25	\$613.25
SISC – Anchor Bronze (EE only)*	\$578.00	\$0.00
SISC - Anchor Bronze (EE + Child(ren))*	\$887.25	\$50.75
<b>Total Annual District Contribution</b>	<b>\$10,647.00</b>	

\*Anchor Bronze plans exclude dental/vision coverage and spouse/registered domestic partner.

\*\* Assumes Delta Dental coverage without Orthodontia