



TEMECULA VALLEY
UNIFIED SCHOOL DISTRICT

APPENDIX B-6

TEMECULA VALLEY UNIFIED SCHOOL DISTRICT
CERTIFICATED HEALTH AND WELFARE BENEFITS INFORMATION
2023-2024 ANNUAL INSURANCE RATES

- 1. **Life Insurance \$25,000**
Full-time Employee \$39.12

- 2. **Delta Dental & VSP Vision Insurance**
Full-time Employee, including dependents \$1,209.60

- Delta Dental w/ Orthodontia & VSP Vision Insurance**
Full-time Employee, including dependents \$1,600.80

- 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	\$937.25	\$976.55
SISC - PPO 40464B	\$937.25	\$362.55
SISC - PPO 40464C	\$937.25	\$684.55
SISC - HSA-A	\$937.25	\$494.55
SISC - HMO 57AHCA	\$937.25	\$714.55
SISC - KAISER	\$937.25	\$800.55
SISC – Anchor Bronze (EE only)*	\$615.00	\$0.00
SISC – Anchor Bronze (EE + Child(ren))*	\$937.25	\$158.75
Total Annual District Contribution	\$11,247.00	

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

**Assumes Delta Dental coverage without Orthodontia

Effective: 10/1/2023