

2023/2024 District Rate Sheet For Mount Shasta Union SD

CERTIFICATED Active	Composite	
Health Composite Rate		
Anthem PPO 10, Rx C	\$1,204.00	
Anthem PPO 5, Rx C	\$1,857.00	
Anthem PPO 8, Rx C	\$1,563.00	
Anthem PPO 9, Rx C	\$1,393.00	
Anthem PPO Bronze	\$987.00	
CERTIFICATED Active	Composite	
Dental Composite Rate		
Basic, Unlimited Annual Maximum, Ortho 50/50 Adults & Children \$1,250 Lifetime Max	\$133.25	
CERTIFICATED Active	Composite	
Vision Composite Rate		
Plan C \$15.00 Copay	\$20.26	



DOMESTIC PARTNER FAIR MARKET VALUE Mount Shasta Union SD

Covered Employee Unit:

CERTIFICATED Active

Effective Date of Coverage:

October 1, 2023 - September 30, 2024

Plan Name	Domestic Partner Coverage Only	Domestic Partner + Dependent Coverage
Anthem PPO 10	\$440.00	\$715.00
Rx C	\$98.00	\$159.00
Anthem PPO 5	\$737.00	\$1,197.00
Rx C	\$98.00	\$159.00
Anthem PPO 8	\$603.00	\$980.00
Rx C	\$98.00	\$159.00
Anthem PPO 9	\$526.00	\$854.00
Rx C	\$98.00	\$159.00
Anthem PPO Bronze	\$369.00	\$599.00
	\$73.00	\$118.00
Basic, Unlimited Annual Maximum, Ortho 50/50 Adults & Children \$1,250 Lifetime Max	\$52.28	\$113.63
Plan C \$15.00 Copay	\$7.83	\$16.98