

PALMDALE WATER DISTRICT

A CENTURY OF SERVICE

BOARD OF DIRECTORS

W. SCOTT KELLERMAN Division 1

DON WILSON Division 2

GLORIA DIZMANG Division 3

KATHY MAC LAREN-GOMEZ Division 4

VINCENT DINO Division 5

DENNIS D. LaMOREAUX General Manager

ALESHIRE & WYNDER LLP Attorneys





August 17, 2023

AGENDA FOR A MEETING OF THE PERSONNEL COMMITTEE OF THE PALMDALE WATER DISTRICT TO BE HELD AT 2029 EAST AVENUE Q, PALMDAL Committee Members: Kathy Mac Laren-Gomez-Chair, Scott Kellerman

TUESDAY, AUGUST 22, 2023 1:30 p.m.

<u>NOTE</u>: To comply with the Americans with Disabilities Act, to participate in any Board meeting please contact Danielle Henry at $661-947-4111 \times 1059$ at least 48 hours prior to a Board meeting to inform us of your needs and to determine if accommodation is feasible.

Agenda item materials, as well as materials related to agenda items submitted after distribution of the agenda packets, are available for public review at the District's office located at 2029 East Avenue Q, Palmdale or on the District's website at https://www.palmdalewater.org/governance/committee-activity/2023-committee-agendas-and-minutes/ (Government Code Section 54957.5). Please call Danielle Henry at 661-947-4111 x1059 for public review of materials.

<u>PUBLIC COMMENT GUIDELINES:</u> The prescribed time limit per speaker is three-minutes. Please refrain from public displays or outbursts such as unsolicited applause, comments, or cheering. Any disruptive activities that substantially interfere with the ability of the District to conduct its meeting will not be permitted, and offenders will be requested to leave the meeting. (PWD Rules and Regulations, Appendix DD, Sec. IV.A.)

Each item on the agenda shall be deemed to include any appropriate motion, resolution, or ordinance to take action on any item.

- 1) Roll call.
- 2) Adoption of agenda.
- 3) Public comments for non-agenda items.
- 4) Action Items: (The public shall have an opportunity to comment on any action item as each item is considered by the Committee prior to action being taken.)

- 4.1) Consideration and Possible Action on Approval of Minutes of Meeting Held May 30, 2023.
- 4.2) Consideration and Possible Action on Continuing the District's Employee Benefit Contribution Cap for 2024. (Budgeted - Human Resources Director Garcia)
- 4.3) Consideration and Possible Recommendation on Adding Orthodontics Coverage to the 2024 PPO Dental Plan. (No Budget Impact – Human Resources Director Garcia)
- 5) Reports.
 - 5.1) Human Resources Director Garcia:
 - a) Update on Employee Events.
 - b) Employee Engagement Survey.
 - c) Other.
- 6) Board Members' Requests for Future Agenda Items.
- 7) Date of Next Committee Meeting.
- 8) Adjournment.

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DENNIS D. LaMOREAUX, General Manager

DDL/dh

PALMDALE WATER DISTRICT

BOARD MEMORANDUM

DATE:	August 17, 2023	August 22, 2023
то:	PERSONNEL COMMITTEE	Committee Meeting
FROM:	Mrs. Angelica Garcia, Human Resources Director	
VIA	Mr. Dennis D. LaMoreaux, General Manager	
RE:	AGENDA ITEM NO. 4.2 – CONSIDERATION A CONTINUING THE DISTRICT'S EMPLOYEE CAP FOR 2024. (NO BUDGET IMPACT – HUMA GARCIA)	BENEFIT CONTRIBUTION

Recommendation:

Staff recommends that the Committee approve the continuation of the District's employee benefit contribution cap in the minimum amount of \$1,980.63 for 2024.

Alternative Options:

The Committee can choose not to approve this recommendation.

Impact of Taking No Action:

The District's contribution amount will slightly decrease.

Background:

Per the information provided by JPIA, the below increases are expected for 2024 medical rates:

• Anthem PPOs +12%

• Kaiser HMO +9.94%

• Anthem HMOs +5.48%

• Kaiser CDHP +9.03%

The District's approved policy for the amount that Palmdale Water District contributes for their employees is based on the combined lowest tier family plan (Dental, Vision, and Medical) for which all employees qualify for (excluding high-deductible medical plans). For 2023, an exception to this policy was approved. The exception allowed for the District's contributions to be the lowest family tier plan including high deductible plans. The District's contribution for 2023 was approved at \$1,980.63. For 2024, the coverage amount based on the approved policy is \$1,975.05, a \$5.58 decrease from the District's current contribution amount of \$1,980.63.

The changes in the 2024 medical rates will have an impact on employees' costs for premiums as there are rate increases for all medical plans. A benefit survey regarding employer contribution was completed. The District collected data from 12 comparative agencies as part of the survey.

In summary, the survey indicated that some agencies share the cost between the employer and the employee while other agencies cover the cost at 100%. Utilizing some of the other agencies'

methods for contributions, amounts have been calculated for comparison purposes. These calculations are outlined as part of the supporting documentation in the Benefit Contribution survey.

<u>Strategic Plan Initiative/Mission Statement:</u>

This item is under Strategic Initiative No. 2 – Organizational Excellence.

This item directly relates to the District's Mission Statement.

Budget:

There is no budget impact.

Supporting Documents:

- Benefit Cost Comparison Sheet 2024
- 2023 Benefit Elections and 2024 JPIA Rates
- Benefit Contribution Survey

Notes: No change in MOP for Anthem CDHP(2500/4000), Kaiser has a \$200.00 increase for individual, 3200/5600

2023 Amount Lowest Family Tier Amount 2024

Employee Insurance Costs 2024

2023 versus 2024 difference in cost

Monthly Increase

	Notes: No change i	n MOP for Anthem CDHP(2500/4000), K	alser has a \$200.00 increa	se for individual, 3200/5600	2024 %		2023 Amount	Lowest Family Tier Amount 2024	Monthly Incre	ase
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	increase
2023 Benefit Elections	Count
Anthem Advantage PPO	6
Employee	1
Employee + Family	5
Anthem CalCare HMO	3
Employee + Family	3
Anthem Classic PPO	8
Employee + 1	4
Employee + Family	4
Anthem Consumer Driven Health Plan	8
Employee	2
Employee + 1	3
Employee + Family	3
Kaiser South Consumer Driven Health Plan	37
Employee	6
Employee + 1	12
Employee + Family	19
Kaiser South HMO	14
Employee	3
Employee + 1	6
Employee + Family	5
Total Monthly	76

**This information has not been formally publicated yet, per JPIA rates may be slighly different due to rounding

ACWA JPIA 2024 PPO Renewal July 26, 2023

CLASSIC PPO	ENROLL	2024	STANDARD	RATES	2024		RATES	2024
REGION	TOTAL	EE	EE+1	FAM	EE	EE+1	FAM	CHANGE
Los Angeles	605	\$ 807.67	\$ 1,615.33	\$2,140.31	\$ 775.36	\$ 1,550.72	\$ 2,054.70	12.00%
	3,229		2.00	2.65	1	196	AV 10 10	
ADVANTAGE	10	12	6					
Los Angeles	29	710.75	1,421.49	1,883.48	682.32	1,364.63	1,808.14	12.00%
	366		÷			0.		
CDHP		201	6					· · · · · ·
Los Angeles	66	646.13	1,292.26	1,712.25	620.29	1,240.57	1.643.76	12.00%

ACWA JPIA 2024 HMO Renewal July 26, 2023

CALCARE HMO	2024 ST	ANDARD PR	REMIUMS	2024 IN	CENTIVE PR	REMIUMS	2024
REGION	EE	EE+1	FAM	EE	EE+1	FAM	CHANGE
Los Angeles	\$ 994. <mark>4</mark> 9	\$1,988.98	\$ 2,635.40	\$ 954.71	\$1,909.42	\$ 2,529.98	5.48%

ACWA JPIA 2024 Kaiser Renewal July 26, 2023

	PLAN	2024 S	TANDARD P	REMIUMS	2024 IN	ICENTIVE P	REMIUMS	2024
REGION	NAME	EE	EE+1	FAM	EE	EE+1	FAM	CHANGE
Los Angeles	HMO	\$770.97	\$ 1,541.94	\$ 2,143.30	\$740.13	\$ 1,480.26	\$ 2,057.56	9.94%
All South	CDHP	557.84	1,115.68	1,550.80	535.53	1,071.05	1,488.76	9.03%

Agency	HC Method	Notes Current Amounts	Union	PWD Calculation based on method
	Lowest combined cost family tier for dental, vision, and medical.			
Palmdale Water District	95 Excluding high deductible plans	Medical \$1980.63 Dental and Vision 100%		\$1,975.05
	Medical, dental, and vision plans district pays 85%, Employees			lowest: \$1,678.79 - highest: \$2,353.11 (w/
Cucamonga Valley Water District	79 15%			ppo dental)
	MOU: Effective January 1, 2023, and each January 1, thereafter,			
	the District's contribution towards			
	the employee's selected medical insurance plan shall be adjusted			
	based on the average change			
	among the District's offered plans (Anthem Blue Cross Classic			
	PPO, Anthem Blue Cross			
	Advantage PPO, Anthem Blue Cross California Care HMO, or			
	Kaiser Permanente HMO			
	Plans) from the prior year's monthly premium. The adjustment			
	will not be less than 0% and			
	will not exceed 5.0%. In the event that the average change in	Medical: 100% up to EE+1; family up to\$1,860.48, Dental 100%,		avg change is 8.07%(max 5%; 5% increase
Las Virgenes Municipal Water District	$_{\rm 124}$ monthly premium exceeds 5.0%, the excess shall be paid by the	Vision \$5.09	Y	of 1980.63 is \$2,079.66
V I I I W I O'I I I	100% of cost for both the employee coverage and dependen	t		100
Yorba Linda Water District	51 coverage for medical, dental and vision premiums		Y	1009
Olivenhain Municipal Water District	95 100% Medical, dental and vision for employees and dependants			1009
	Annually, the District will continue to use the existing calculation			
	below: The average of the highest and lowest monthly medical			
	premium for Employee + Family, plus The highest monthly dental			
	premium, for Employee + 1, and The full monthly premium for	Western contributes \$2,584.86 per month toward the cost of		
Western Municipal Water District	33 vision	medical, dental and vision benefits	Y	\$2093+ \$65.20 + \$26.85 = \$2,185.05
		\$893.33 Employee Only/\$1,786.66 Employee + 1/\$2,322.66		lowest medical:\$1,395.72 - highest medical:
Santa Clarita Valley Water	237 90% Medical; 100% dental and vision	Family		\$2,371.86 + 100% dental and vision
Desert Water Agency	DWA pays 100% for employee coverage of medical, dental, vision			varies
Desert Water Agency	80 and pays 80% for dependant coverage	Effective 01/01/2023, up to \$2,326.00 for medical, 100% for basic		varies
	medical-premiums for the basic plan are fully paid by EMWD.	dental, 100% vision, EMWD contracts with EyeMed premiums are		
Eastern Municipal Water District	250+ Employees who elect the alternate plan will pay the difference	fully paid by EMWD \$19.31		varies
		Employees receive a \$2,200 "Flex Credit" allocation per month to		vanes
	Looked at cost of current family medical coverage and provide	be used towards health benefits including medical, dental and		
Mesa Consolidated Water District	52 flex credits to cover the majority of the plans.	vision	Y	N.A
		EE pays 25% United Health Care HMO or Blue Cross PPO, 17%		
Rancho California Water District	169 100% dental and vision. Cost sharing for medical	Blue Cross Advantage PPO , 15% Kaiser HMO		varies
	The District offers the full payment of the combined least-cost			
	medical, dental, and vision family plans, excluding the high-			
Walnut Valley Water District	57 deductible medical plan.			\$1,975.0
	Medical: Employer contributes 90% of HMO for EE+1 and family,			
	for EE only employer contributes 100%. Employee pays difference			up to \$2371.86 for medical + Dental and
Padre Dam Municipal Water District	176 for PPO. Dental 100%			vision

PALMDALE WATER DISTRICT

BOARD MEMORANDUM

DATE: August 17, 2023 August 22, 2023 TO: PERSONNEL COMMITTEE **Committee Meeting** Mrs. Angelica Garcia, Human Resources Director FROM: VIA: Mr. Dennis D. LaMoreaux, General Manager 4.3 – RE: CONSIDERATION AGENDA ITEM NO. AND POSSIBLE **RECOMMENDATION ON ADDING ORTHODONTICS COVERAGE TO THE** 2024 PPO DENTAL PLAN. (NO BUDGET IMPACT – HUMAN RESOURCES **DIRECTOR GARCIA**)

Recommendation:

Staff recommends that the Committee recommend that the full Board approves changing the current PPO dental coverage to a PPO dental option with Orthodontics coverage and that this option be presented to the full Board for consideration at the September 11, 2023 Regular Board Meeting.

Alternative Options:

The Committee can choose not to approve this recommendation.

Impact of Taking No Action:

The current PPO dental plan option will remain as is without orthodontics coverage.

Background:

The District offers two dental plan options for employees. One HMO dental plan and one PPO dental plan. The current PPO dental plan, division 1012, does not include orthodontics coverage. The change from division 1012 to division 3002 would provide \$2,000.00 max benefit/person for orthodontics coverage. All other coverage under the PPO plan should remain the same. If the District changes division for the PPO plan, the following would apply as part of the change:

Existing JPIA Dental PPO Groups changing JPIA PPO plans:

- All waiting periods (Prosthodontics & Ortho) will be waived for employees/dependents currently enrolled in dental who have reached 12 months of service; this includes adding ortho when they did not currently have it on the JPIA PPO.
- New employees eligible for benefits after the implementation date and currently enrolled employees who have not completed 12 months of service will be required to satisfy the waiting periods. Currently enrolled employees' service will be carried over from the prior JPIA Delta plan and credited toward the waiting period.
- For Voluntary plans, dependents who come onto the plan after the implementation date will be required to satisfy the waiting period.

Coverage participants would include children and adults. The change in premium related to this switch is included in the supporting documents.

Strategic Plan Initiative/Mission Statement:

This item is under Strategic Initiative No. 2 – Organizational Excellence.

This item directly relates to the District's Mission Statement.

Budget:

This item has no budget impact.

Supporting Documents:

- Current Dental Employee Elections and PPO Dental Plans Comparisons
- Monthly Benefit Premiums Comparison Cost Sheet 2024 with Ortho Coverage
- 2024 PPO Dental Premiums Comparison

Current Dental Employee Elections and PPO Dental Plans Comparisons

Dental Plan	Count	Current 1012	2 Cost	30	02 Cost	Diff	erence
DeltaCare USA	13						
Employee	5	\$	29.19	\$	29.19	\$	-
Employee + Dependent	2	\$	45.36	\$	45.36	\$	-
Employee + Family	6	\$	64.72	\$	64.72	\$	-
DeltaNV1012/9612	77					\$	-
Employee	11	\$	33.72	\$	35.36	\$	1.64
Employee + Dependent	28	\$	65.20	\$	69.99	\$	4.79
Employee + Family	38	\$	106.12	\$	128.10	\$	21.98
Grand Total	90						

	PPO/Pre	mier (or Out of	Network)			
Annual Max Benefit		\$1,500				
Annual Deductible Individual/Family		\$25/\$50				
Diagnostic cleanings, x-rays		100% (100)				
Basic fillings		80% (80)				
Endodontics roots		80% (80)				
Periodontics gums	80% (80)					
Oral Surgery		80% (80)				
Crowns		50% (50)				
Prosthodontics ³ implants, dentures		50% (50)				
Orthodontics ³	N/A	50				
Lifetime Benefit	N/A	\$2000 ma				
Covered Participants	N/A	Child only	Child & Adult			
Division	1012	1002	3002			
Monthly Premiums		I				
Employee Only	\$ 33.72	\$ 33.72	\$ 35.36			
Employee + 1	\$ 65.20	\$ 69.09	\$ 69.99			
Employee + Family	\$ 106.12	\$ 122.90	\$ 128.10			

Monthly Benefit Premiums Comparison Cost Sheet 2024 with Ortho Coverage

Notes: No change in N	MOP for Anthem CDHP(2500/4000), Ka	aiser has a \$200.00 incr	ease for individual, 3200/5600	2024 %	PPO Dental w/ Orth	ho		2023 Amount	Lowest Family Tier Amount	Monthly Incre	ase
	Employee Insu	rance Costs 202	3	2024 % Change		Emplo	ovee Insur	ance Costs 2024		2023 versus 2024 c	lifference in cost
Monthly			_		Monthly		,			Mont	
	w/ PPO Dental		w/ HMO Dental			w/ PPO Dental			v/ HMO Dental	w/ PPO Dental	w/ HMO Dental
	EE EE+1 EE+Fam		EE EE+1 EE+Fam			EE EE+1	EE+Fam		EE EE+1 EE+Fam	EE EE+1 EE+Fam	EE EE+1 EE+Fam
Anthem Classic	\$721.13 \$1,442.26 \$1,910.99	Anthem Classic	\$721.13 \$1,442.26 \$1,910.99		Anthem Classic	\$807.67 \$1,615.33	\$2,140.31	Anthem Classic	\$807.67 \$1,615.33 \$2,140.31	Anthem Classi \$ 86.54 \$ 173.07 \$ 229.32	Anthem Cli \$ 86.54 \$ 173.07 \$ 229.32
Delta Dental	\$33.72 \$65.20 \$106.12	Delta Care	\$29.19 \$45.36 \$64.72		Delta Dental	\$35.36 \$69.99	\$128.10	Delta Care	\$29.19 \$45.36 \$64.72	Delta Dental \$ 1.64 \$ 4.79 \$ 21.98	Delta Care \$ - \$ - \$ -
VSP	\$26.85 \$26.85 \$26.85	VSP	\$26.85 \$26.85 \$26.85		VSP	\$26.85 \$26.85	\$26.85	VSP	\$26.85 \$26.85 \$26.85	VSP \$ - \$ -	VSP \$ - \$ - \$ -
	\$781.70 \$1,534.31 \$2,043.96		\$777.17 \$1,514.47 \$2,002.56			\$869.88 \$1,712.17	\$2,295.26		\$863.71 \$1,687.54 \$2,231.88	\$ 88.18 \$ 177.86 \$ 251.30	\$ 86.54 \$ 173.07 \$ 229.32
District	\$1,980.63 \$1,980.63 \$1,980.63	District	\$1,980.63 \$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63 \$1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63
Employee	\$0.00 \$0.00 \$63.33	Employee	\$0.00 \$0.00 \$21.93		Employee	\$0.00 \$0.00	\$314.63	Employee	\$0.00 \$0.00 \$251.25	Employee \$ - \$ - \$251.30	Employee \$ - \$ - \$229.32
	EE EE+1 EE+Fam		EE EE+1 EE+Fam			EE EE+1	EE+Fam		EE EE+1 EE+Fam	EE EE+1 EE+Fam	FE FE+1 FE+Fam
Anthem Advantage	\$634.59 \$1,269.18 \$1,681.66	Anthem Advantage	\$634.59 \$1,269.18 \$1,681.66	12.00%	Anthem Advantage			Anthem Advantage	\$710.75 \$1,421.49 \$1,883.48	Anthem Advar \$ 76.16 \$ 152.31 \$ 201.82	Anthem Ad \$ 76.16 \$ 152.31 \$ 201.82
Delta Dental	\$33.72 \$65.20 \$106.12	Delta Care	\$29.19 \$45.36 \$64.72		Delta Dental	\$35.36 \$69.99	\$128.10	Delta Care	\$29.19 \$45.36 \$64.72	Delta Dental \$ 1.64 \$ 4.79 \$ 21.98	Delta Care \$ - \$ - \$ -
VSP	\$26.85 \$26.85 \$26.85	VSP	\$26.85 \$26.85 \$26.85		VSP	\$26.85 \$26.85		VSP	\$26.85 \$26.85 \$26.85	VSP \$ - \$ - \$ -	VSP \$ - \$ - \$ -
	\$695.16 \$1,361.23 \$1,814.63	-	\$690.63 \$1,341.39 \$1,773.23		-	\$772.96 \$1,518.33			\$766.79 \$1,493.70 \$1,975.05	\$ 77.80 \$ 157.10 \$ 223.80	\$ 76.16 \$ 152.31 \$ 201.82
District	\$1,980.63 \$1,980.63 \$1,980.63	District	\$1,980.63 \$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63 \$1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63
Employee	\$0.00 \$0.00 \$0.00	Employee	\$0.00 \$0.00 \$0.00		Employee	\$0.00 \$0.00	1.1	Employee	\$0.00 \$0.00 \$0.00	Employee \$ - \$ - \$ 57.80	Employee \$ - \$ - \$ -
	EE EE+1 EE+Fam		EE EE+1 EE+Fam			EE EE+1	EE+Fam		EE EE+1 EE+Fam	EE EE+1 EE+Fam	EE EE+1 EE+Fam
Anthem Cal Care-HM	10 \$942.86 \$1,885.72 \$2,498.58	Anthem Cal Care-HN	VIC \$942.86 \$1,885.72 \$2,498.58	5.48%	Anthem Cal Care-Hi	MO \$994.49 \$1,988.98	\$2,635.40	Anthem Cal Care-HM	C \$994.49 \$1,988.98 \$2,635.40	Anthem Cal Ca \$ 51.63 \$ 103.26 \$ 136.82	Anthem Ca \$ 51.63 \$ 103.26 \$ 136.82
Delta Dental	\$33.72 \$65.20 \$106.12	Delta Care	\$29.19 \$45.36 \$64.72		Delta Dental	\$35.36 \$69.99	\$128.10	Delta Care	\$29.19 \$45.36 \$64.72	Delta Dental \$ 1.64 \$ 4.79 \$ 21.98	Delta Care \$ - \$ - \$ -
VSP	\$26.85 \$26.85 \$26.85	VSP	\$26.85 \$26.85 \$26.85		VSP	\$26.85 \$26.85		VSP	\$26.85 \$26.85 \$26.85	VSP \$ - \$ - \$ -	VSP \$ - \$ - \$ -
	\$1,003.43 \$1,977.77 \$2,631.55		\$998.90 \$1,957.93 \$2,590.15			\$1,056.70 \$2,085.82			\$1,050.53 \$2,061.19 \$2,726.97	\$ 53.27 \$ 108.05 \$ 158.80	\$ 51.63 \$ 103.26 \$ 136.82
District	\$1,980.63 \$1,980.63 \$1,980.63	District	\$1,980.63 \$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63 \$1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63
Employee	\$0.00 \$0.00 \$650.92	Employee	\$0.00 \$0.00 \$609.52		Employee	\$0.00 \$105.19	\$809.72	Employee	\$0.00 \$80.56 \$746.34	Employee \$ - \$ 105.19 \$158.80	Employee \$ - \$ 80.56 \$ 136.82
	EE EE+1 EE+Fam		EE EE+1 EE+Fam			EE EE+1	EE+Fam		EE EE+1 EE+Fam	EE EE+1 EE+Fam	EE EE+1 EE+Fam
Anthem CDHP	\$576.90 \$1,153.80 \$1,528.79	Anthem CDHP	\$576.90 \$1,153.80 \$1,528.79		Anthem CDHP	\$646.13 \$1,292.26	\$1,712.25	Anthem CDHP	\$646.13 \$1,292.26 \$1,712.25	Anthem CDHP \$ 69.23 \$ 138.46 \$ 183.46	Anthem CE \$ 69.23 \$ 138.46 \$ 183.46
Delta Dental	\$33.72 \$65.20 \$106.12	Delta Care	\$29.19 \$45.36 \$64.72		Delta Dental	\$35.36 \$69.99	\$128.10	Delta Care	\$29.19 \$45.36 \$64.72	Delta Dental \$ 1.64 \$ 4.79 \$ 21.98	Delta Care \$ - \$ - \$ -
VSP	\$26.85 \$26.85 \$26.85	VSP	\$26.85 \$26.85 \$26.85		VSP	\$26.85 \$26.85	\$26.85	VSP	\$26.85 \$26.85 \$26.85	VSP \$ - \$ -	VSP \$ - \$ - \$ -
Health Sav	\$208.33 \$333.33 \$333.33	Health Sav	\$208.33 \$333.33 \$333.33		Health Sav	\$208.33 \$333.33		Health Sav	\$208.33 \$333.33 \$333.33	Health Sav \$ 208.33 \$ 333.33 \$ 333.33	Health Sav \$ 208.33 \$ 333.33 \$ 333.33
	\$845.80 \$1,579.18 \$1,995.09		\$841.27 \$1,559.34 \$1,953.69			\$916.67 \$1,722.43			\$910.50 \$1,697.80 \$2,137.15	\$ 279.20 \$ 476.58 \$ 538.77	\$ 277.56 \$ 471.79 \$ 516.79
District	\$1,980.63 \$1,980.63 \$1,980.63	District	\$1,980.63 \$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63 \$1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63
Employee	\$0.00 \$0.00 \$14.46	Employee	\$0.00 \$0.00 \$0.00		Employee	\$0.00 \$0.00	\$219.90	Employee	\$0.00 \$0.00 \$156.52	Employee \$ - \$ - \$ 205.44	Employee \$ - \$ - \$ 156.52
	EE EE+1 EE+Fam		EE EE+1 EE+Fam			EE EE+1	EE+Fam		EE EE+1 EE+Fam	EE EE+1 EE+Fam	EE EE+1 EE+Fam
Kaiser	\$701.24 \$1,402.48 \$1,949.45	Kaiser	\$701.24 \$1.402.48 \$1.949.45	9.94%	Kaiser	\$770.97 \$1.541.94		Kaiser	\$770.97 \$1.541.94 \$2.143.30	Kaiser \$ 69.73 \$ 139.46 \$ 193.85	Kaiser \$ 69.73 \$ 139.46 \$ 193.85
Delta Dental	\$33.72 \$65.20 \$106.12	Delta Care	\$29.19 \$45.36 \$64.72		Delta Dental	\$35.36 \$69.99	\$128.10	Delta Care	\$29.19 \$45.36 \$64.72	Delta Dental \$ 1.64 \$ 4.79 \$ 21.98	Delta Care \$ - \$ - \$ -
VSP	\$26.85 \$26.85 \$26.85	VSP	\$26.85 \$26.85 \$26.85		VSP	\$26.85 \$26.85		VSP	\$26.85 \$26.85 \$26.85	VSP \$ - \$ - \$ -	VSP \$ - \$ - \$ -
	\$761.81 \$1,494.53 \$2,082.42		\$757.28 \$1,474.69 \$2,041.02			\$833.18 \$1,638.78			\$827.01 \$1,614.15 \$2,234.87	\$ 71.37 \$ 144.25 \$ 215.83	\$ 69.73 \$ 139.46 \$ 193.85
District	\$1,980.63 \$1,980.63 \$1,980.63	District	\$1,980.63 \$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63 \$1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63
Employee	\$0.00 \$0.00 \$101.79	Employee	\$0.00 \$0.00 \$60.39		Employee	\$0.00 \$0.00	\$317.62	Employee	\$0.00 \$0.00 \$254.24	Employee \$ - \$ - \$ 215.83	Employee \$ - \$ - \$ 193.85
	EE EE+1 EE+Fam		EE EE+1 EE+Fam		6	EE EE+1	EE+Fam		EE EE+1 EE+Fam	EE EE+1 EE+Fam	EE EE+1 EE+Fam
Kaiser CDHP	\$511.65 \$1,023.30 \$1,422.39	Kaiser CDHP	\$511.65 \$1,023.30 \$1,422.39		Kaiser CDHP	\$557.84 \$1,115.68		Kaiser CDHP	\$557.84 \$1,115.68 \$1,550.80	Kaiser CDHP \$ 46.19 \$ 92.38 \$ 128.41	Kaiser CDH \$ 46.19 \$ 92.38 \$ 128.41
Delta Dental	\$33.72 \$65.20 \$106.12	Delta Care	\$29.19 \$45.36 \$64.72		Delta Dental	\$35.36 \$69.99	\$128.10	Delta Care	\$29.19 \$45.36 \$64.72	Delta Dental \$ 1.64 \$ 4.79 \$ 21.98	Delta Care \$ - \$ - \$ -
VSP	\$26.85 \$26.85 \$26.85	VSP	\$26.85 \$26.85 \$26.85		VSP	\$26.85 \$26.85		VSP	\$26.85 \$26.85 \$26.85	VSP \$0.00 \$ - \$ -	VSP \$ - \$ - \$ -
Health Sav	\$250.00 \$466.67 \$466.67	Health Sav	\$250.00 \$466.67 \$466.67		Health Sav	\$266.67 \$466.67		Health Sav	\$266.67 \$466.67 \$466.67	Health Sav \$ 266.67 \$ 466.67 \$ 466.67	Health Sav \$ 233.33 \$ 466.67 \$ 466.67
	\$822.22 \$1,582.02 \$2,022.03		\$817.69 \$1,562.18 \$1,980.63			\$886.72 \$1,679.19			\$880.55 \$1,654.56 \$2,109.04	\$ 314.50 \$ 563.84 \$ 617.06	\$ 279.52 \$ 559.05 \$ 595.08
District	\$1,980.63 \$1,980.63 \$1,980.63	District	\$1,980.63 \$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63		District	\$1,980.63 \$1,980.63 \$1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63	District \$ 1,980.63 \$ 1,980.63 \$ 1,980.63
Employee	\$0.00 \$0.00 \$41.40	Employee	\$0.00 \$0.00 \$0.00		Employee	\$0.00 \$0.00	\$191.79	Employee	\$0.00 \$0.00 \$128.41	Employee \$ - \$ - \$150.39	Employee \$ - \$ - \$ 128.41

2024 PPO DENTAL PREMIUMS COMPARISON

Employee Insurance Costs 2024

Monthly	ance Cos		
	Dental w/ O	rtho	
110	EE		EE+Fam
Anthem Classic		\$1,615.33	
Delta Dental	\$35.36		
VSP	\$26.85		
		\$1,712.17	
District		\$1,980.63	
Employee	\$0.00		\$314.6
1 - 7		,	
	EE	EE+1	EE+Fam
Anthem Advantage	\$710.75		
Delta Dental	\$35.36		
VSP	\$26.85		
		\$1,518.33	
District	\$1,980.63	\$1,980.63	\$1,980.6
Employee	\$0.00		
	EE	EE+1	EE+Fam
Anthem Cal Care-HMO	\$994.49		
Delta Dental	\$35.36		
VSP	\$26.85		
		\$2,085.82	
District		\$1,980.63	
Employee	\$0.00		
Anthom CDUD	EE	EE+1	EE+Fam
Anthem CDHP	-	\$1,292.26	\$1,712.2
			4100.1
Delta Dental	\$35.36		
VSP	\$26.85	\$26.85	\$26.8
	\$26.85 \$208.33	\$26.85 \$333.33	\$26.8 \$333.3
VSP Health Sav	\$26.85 \$208.33 \$916.67	\$26.85 \$333.33 \$1,722.43	\$26.8 \$333.3 \$2,200.5
VSP Health Sav District	\$26.85 \$208.33 \$916.67 \$1,980.63	\$26.85 \$333.33 \$1,722.43 \$1,980.63	\$26.8 \$333.3 \$2,200.5 \$1,980.6
VSP Health Sav	\$26.85 \$208.33 \$916.67	\$26.85 \$333.33 \$1,722.43 \$1,980.63	\$26.8 \$333.3 \$2,200.5 \$1,980.6
VSP Health Sav District	\$26.85 \$208.33 \$916.67 \$1,980.63	\$26.85 \$333.33 \$1,722.43 \$1,980.63	\$26.8 \$333.3 \$2,200.5 \$1,980.6
VSP Health Sav District	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3
VSP Health Sav District Employee Kaiser Delta Dental	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1
VSP Health Sav District Employee Kaiser	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8
VSP Health Sav District Employee Kaiser Delta Dental VSP	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2
VSP Health Sav District Employee Kaiser Delta Dental VSP District	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6
VSP Health Sav District Employee Kaiser Delta Dental VSP	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6
VSP Health Sav District Employee Kaiser Delta Dental VSP District	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$2,298.2 \$1,980.6 \$317.6 EE+Fam
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee Kaiser CDHP	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00 EE \$557.84	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1 \$1,115.68	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6 EE+Fam \$1,550.8
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee Kaiser CDHP Delta Dental	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00 EE \$557.84 \$35.36	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1 \$1,115.68 \$69.99	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6 EE+Fam \$1,550.8 \$128.1
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee Kaiser CDHP Delta Dental VSP	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00 EE \$557.84 \$35.36 \$26.85	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1 \$1,115.68 \$69.99 \$26.85	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6 EE+Fam \$1,550.8 \$128.1 \$26.8
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee Kaiser CDHP Delta Dental	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00 EE \$557.84 \$35.36 \$26.85 \$26.67	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1 \$1,115.68 \$69.99 \$26.85 \$466.67	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 EE+Fam \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6 EE+Fam \$1,550.8 \$128.1 \$26.8 \$128.1 \$26.8
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee Kaiser CDHP Delta Dental VSP Health Sav	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00 EE \$557.84 \$35.36 \$26.67 \$266.67 \$886.72	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1 \$1,115.68 \$69.99 \$26.85 \$466.67 \$1,679.19	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 \$2,143.3 \$2,243.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6 \$1,550.8 \$1,550.8 \$128.1 \$26.8 \$1,550.8 \$128.1 \$26.8
VSP Health Sav District Employee Kaiser Delta Dental VSP District Employee Kaiser CDHP Delta Dental VSP	\$26.85 \$208.33 \$916.67 \$1,980.63 \$0.00 EE \$770.97 \$35.36 \$26.85 \$833.18 \$1,980.63 \$0.00 EE \$557.84 \$35.36 \$26.85 \$26.67	\$26.85 \$333.33 \$1,722.43 \$1,980.63 \$0.00 EE+1 \$1,541.94 \$69.99 \$26.85 \$1,638.78 \$1,980.63 \$0.00 EE+1 \$1,115.68 \$69.99 \$26.85 \$466.67 \$1,679.19 \$1,980.63	\$26.8 \$333.3 \$2,200.5 \$1,980.6 \$219.9 \$2,143.3 \$128.1 \$26.8 \$2,298.2 \$1,980.6 \$317.6 \$1,550.8 \$128.1 \$26.8 \$1,550.8 \$128.1 \$26.8 \$1,550.8

Employee Insurance Costs 2024

PPO D	ental- No Cha	ange	
	EE	EE+1	EE+Fam
Anthem Classic	\$807.67	\$1,615.33	
Delta Dental	\$33.72		
VSP	\$26.85		
V51		\$1,707.38	
District		\$1,980.63	
Employee	\$0.00		\$292.65
		\$0.00	Ş292.03
	EE	EE+1	EE+Fam
Anthem Advantage	\$710.75	\$1,421.49	
Delta Dental	\$33.72		
VSP	\$26.85		
V51		\$1,513.54	-
District		\$1,980.63	
Employee	\$1,580.03		\$1,980.03
	1 70.00		
	EE	EE+1	EE+Fam
Anthem Cal Care-HMO	\$994.49	\$1,988.98	
Delta Dental	\$33.72	\$65.20	\$106.12
VSP	\$26.85	\$26.85	\$26.85
		\$2,081.03	
District	\$1,980.63	\$1,980.63	\$1,980.63
Employee	\$0.00		\$787.74
	EE	EE+1	EE+Fam
Anthem CDHP		\$1,292.26	
Delta Dental	\$33.72		
VSP	\$26.85		
Health Sav	\$208.33		
		\$1,717.64	
District	\$1,980.63	\$1,980.63	\$1,980.63
Employee	\$0.00	\$0.00	\$197.92
	EE	EE+1	EE+Fam
Kaiser Traditional HMO	\$770.97		
Delta Dental	\$770.97		
		-	
VSP	\$26.85		
District		\$1,633.99	
District	\$1,980.63		
Employee	\$0.00	\$0.00	\$295.64
		FF. 4	EE+Eam
	EE	EE+1	EE+Fam
Kaiser CDHP	EE \$557.84	EE+1 \$1,115.68	
Kaiser CDHP Delta Dental	EE \$557.84 \$33.72	\$1,115.68 \$65.20	
	\$557.84 \$33.72	\$1,115.68 \$65.20	\$1,550.80 \$106.12
Delta Dental VSP	\$557.84 \$33.72 \$26.85	\$1,115.68 \$65.20 \$26.85	\$1,550.80 \$106.12 \$26.85
Delta Dental	\$557.84 \$33.72 \$26.85 \$266.67	\$1,115.68 \$65.20 \$26.85 \$466.67	\$1,550.80 \$106.12 \$26.85 \$466.67
Delta Dental VSP	\$557.84 \$33.72 \$26.85	\$1,115.68 \$65.20 \$26.85	\$1,550.80 \$106.12 \$26.85

EMPLOYEE COST DIFFERENCE 2024 w/ ortho Monthly

WOIttilly			
	EE	EE+1	EE+Fam
Anthem Classic	\$0.00	\$0.00	\$0.00
Delta Dental	\$1.64		
VSP	\$0.00		
VSP	\$0.00		
District	\$1,980.63		
District	\$1,980.03		\$1,980.63 \$21.98
Employee	\$0.00	30.00	Ş21.90
	EE	EE+1	EE+Fam
Anthem Advantage	\$0.00	\$0.00	\$0.00
Delta Dental	\$1.64	\$4.79	\$21.98
VSP	\$0.00	\$0.00	\$0.00
	\$1.64	\$4.79	\$21.98
District	\$1,980.63	\$1,980.63	\$1,980.63
Employee	\$0.00	\$0.00	\$21.98
	EE	EE+1	EE+Fam
Anthem Cal Care-HMO	\$0.00	\$0.00	\$0.00
Delta Dental	\$1.64		
VSP	\$0.00		
	\$1.64		
District	\$1,980.63		
Employee	\$0.00	\$4.79	\$21.98
	EE	EE+1	EE+Fam
Anthem CDHP	\$0.00		
Delta Dental	\$1.64		
VSP	\$0.00		
Health Sav	\$208.33		
	\$209.97		
District	\$1,980.63		\$1,980.63
Employee	\$0.00	\$0.00	
		Ş0.00	\$21.98
			\$21.98
	EE	EE+1	\$21.98 EE+Fam
Kaiser Traditional HMO			EE+Fam
Kaiser Traditional HMO Delta Dental	EE	EE+1 \$0.00	EE+Fam \$0.00
	EE \$0.00	EE+1 \$0.00 \$4.79	EE+Fam \$0.00 \$21.98
Delta Dental	EE \$0.00 \$1.64	EE+1 \$0.00 \$4.79 \$0.00	EE+Fam \$0.00 \$21.98 \$0.00
Delta Dental	EE \$0.00 \$1.64 \$0.00	EE+1 \$0.00 \$4.79 \$0.00 \$4.79	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98
Delta Dental VSP	EE \$0.00 \$1.64 \$0.00 \$1.64	EE+1 \$0.00 \$4.79 \$0.00 \$4.79	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98 \$1,980.63
Delta Dental VSP District	EE \$0.00 \$1.64 \$0.00 \$1.64 \$1,980.63	EE+1 \$0.00 \$4.79 \$0.00 \$4.79 \$1,980.63	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98
Delta Dental VSP District	EE \$0.00 \$1.64 \$0.00 \$1.64 \$1,980.63	EE+1 \$0.00 \$4.79 \$0.00 \$4.79 \$1,980.63	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98 \$1,980.63
Delta Dental VSP District Employee	EE \$0.00 \$1.64 \$1,980.63 \$0.00	EE+1 \$0.00 \$4.79 \$0.00 \$4.79 \$1,980.63 \$0.00	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98 \$1,980.63 \$21.98 EE+Fam
Delta Dental VSP District Employee	EE \$0.00 \$1.64 \$1.980.63 \$0.00 EE	EE+1 \$0.00 \$4.79 \$1,980.63 \$0.00 EE+1 \$0.00	EE+Fam \$0.00 \$21.99 \$1.980.63 \$1,980.63 \$21.98 EE+Fam \$0.00
Delta Dental VSP District Employee Kaiser CDHP	EE \$0.00 \$1.64 \$1,980.63 \$0.00 EE \$0.00	EE+1 \$0.00 \$4.79 \$0.00 \$4.79 \$1,980.63 \$0.00 EE+1 \$0.00 \$4.79	EE+Fam \$0.00 \$21.98 \$1.980.63 \$1,980.63 \$21.98 EE+Fam \$0.00 \$21.98
Delta Dental VSP District Employee Kaiser CDHP Delta Dental VSP	EE \$0.00 \$1.64 \$0.00 \$1.64 \$1,980.63 \$0.00 \$0.00 EE \$0.00 \$1.64	EE+1 \$0.00 \$4.79 \$1,980.63 \$0.00 EE+1 \$0.00 \$4.79 \$0.00	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98 \$1,980.63 \$21.98 EE+Fam \$0.00 \$21.98 \$0.00
Delta Dental VSP District Employee Kaiser CDHP Delta Dental VSP	EE \$0.00 \$1.64 \$0.00 \$1.64 \$1,980.63 \$0.00 \$0.00 EE \$0.00 \$1.64 \$0.00	EE+1 \$0.00 \$4.79 \$1,980.63 \$0.00 EE+1 \$0.00 \$4.79 \$0.00 \$466.67	EE+Fam \$0.00 \$21.98 \$0.00 \$21.98 \$1,980.63 \$21.98 EE+Fam \$0.00 \$21.98 \$0.00 \$466.67
Delta Dental VSP District Employee Kaiser CDHP Delta Dental	EE \$0.00 \$1.64 \$0.00 \$1.64 \$1,980.63 \$0.00 \$0.00 \$1.64 \$0.00 \$1.64 \$0.00 \$266.67	EE+1 \$0.00 \$4.79 \$1,980.63 \$0.00 \$1,980.63 \$0.00 EE+1 \$0.00 \$4466.67 \$471.46	EE+Fam \$0.00 \$21.98 \$1.980.63 \$1,980.63 \$21.98 EE+Fam \$0.00 \$21.98 \$0.00 \$466.67 \$488.65