

**ALLAN HANCOCK COLLEGE - HEALTH AND WELFARE RATES
MEDICAL, DENTAL & VISION INSURANCE
EFFECTIVE OCTOBER 1, 2023 - SEPTEMBER 30, 2024**

DISTRICT CONTRIBUTION FOR MEDICAL

2023/2024

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
Single	406.00	406.00	406.00	487.20	514.02	616.82	560.75	685.36
Two-Party	807.00	807.00	807.00	968.40	982.00	1178.40	1071.27	1309.33
Family	1146.00	1146.00	1146.00	1375.20	1369.17	1643.00	1493.64	1825.56

**SISC
Medical
Rates**

EMPLOYEE DEDUCTION FOR MEDICAL

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
100% Plan A \$10 DED: \$0 OOP: \$1,000/\$3,000 Rx \$9/\$35	40451C/D	40451C	40451D	40451D	40451C	40451C	40451C	40451C
Single	521.00	521.00	521.00	625.20	412.98	495.58	450.52	550.64
Two-Party	1005.00	1005.00	1005.00	1206.00	830.00	996.00	905.45	1106.67
Family	1400.00	1400.00	1400.00	1680.00	1176.83	1412.20	1283.81	1569.11

927.00
1,812.00
2,546.00

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
90% Plan C \$20 DED: \$200/\$500 OOP: \$1,000/\$3,000 Rx \$9/\$35	40451A/B	40451B	40451A	40451A	40451B	40451B	40451B	40451B
Single	421.00	421.00	421.00	505.20	312.98	375.58	341.43	417.31
Two-Party	806.00	806.00	806.00	967.20	631.00	757.20	688.36	841.33
Family	1116.00	1116.00	1116.00	1339.20	892.83	1071.40	974.00	1190.44

827.00
1,613.00
2,262.00

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
90% Plan G \$20 DED: \$500/\$1,000 OOP: \$1,000/\$3,000 Rx \$7/\$25	40451E/F	40451F	40451E	40451E	40451F	40451F	40451F	40451F
Single	407.00	407.00	407.00	488.40	298.98	358.78	326.16	398.64
Two-Party	771.00	771.00	771.00	925.20	596.00	715.20	650.18	794.67
Family	1063.00	1063.00	1063.00	1275.60	839.83	1007.80	916.18	1119.77

813.00
1,578.00
2,209.00

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
80% Plan E \$20 DED: \$300/\$600 OOP: \$1,000/\$3,000 Rx \$9/\$35	40448A/B	40448B	40448A	40448A	40448B	40448B	40448B	40448B
Single	369.00	369.00	369.00	442.80	260.98	313.18	284.71	347.97
Two-Party	700.00	700.00	700.00	840.00	525.00	630.00	572.73	700.00
Family	966.00	966.00	966.00	1159.20	742.83	891.40	810.36	990.44

775.00
1,507.00
2,112.00

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
80% Plan G \$30 DED: \$500/\$1,000 OOP: \$2,000/\$4,000 Rx \$7/\$25	40448C/D	40448C	40448D	40448D	40448C	40448C	40448C	40448C
Single	335.00	335.00	335.00	402.00	226.98	272.38	247.61	302.64
Two-Party	629.00	629.00	629.00	754.80	454.00	544.80	495.27	605.33
Family	860.00	860.00	860.00	1032.00	636.83	764.20	694.72	849.11

741.00
1,436.00
2,006.00

Note: If you receive your paycheck over 9 months, 10 months or 11 months, rates will be higher.

New rates are effective with the September 30 payroll. Rates are subject to change.

Continued on other side.

DISTRICT CONTRIBUTION FOR MEDICAL

2023/2024

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
Single	406.00	406.00	406.00	487.20	514.02	616.82	560.75	685.36
Two-Party	807.00	807.00	807.00	968.40	982.00	1178.40	1071.27	1309.33
Family	1146.00	1146.00	1146.00	1375.20	1369.17	1643.00	1493.64	1825.56

**SISC
Medical
Rates**

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
High Deductible Health Plan A (Single) DED: \$1,500 OOP: \$3,000	40451G/H	40451G	40451H	40451H	40451G	40451G	40451G	40451G
Health Plan A (Family) DED: \$2,800/\$3,000 OOP: \$3,000/\$6,000	40451J/K	40451K	40451J	40451J	40451K	40451K	40451K	40451K
Single	201.00	201.00	201.00	241.20	92.98	111.58	101.43	123.97
Two-Party	365.00	365.00	365.00	438.00	190.00	228.00	207.27	253.33
Family	490.00	490.00	490.00	588.00	266.83	320.20	291.09	355.77

607.00
1,172.00
1,636.00

DISTRICT CONTRIBUTION FOR DENTAL

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
Single	53.12	53.12	47.00	56.40	55.53	66.64	60.58	74.04
Two-Party	100.44	100.44	97.00	116.40	114.06	136.87	124.43	152.08
Family	140.64	140.64	139.00	166.80	163.80	196.56	178.69	218.40

EMPLOYEE DEDUCTION FOR DENTAL

Dental Rates

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
Single	8.46	8.46	14.58	17.50	6.05	7.26	6.60	8.07
Two-Party	26.03	26.03	29.47	35.36	12.41	14.89	13.54	16.55
Family	41.00	41.00	42.64	51.17	17.84	21.41	19.46	23.79

61.58
126.47
181.64

DISTRICT & EMPLOYEE CONTRIBUTION FOR VISION (Paid 10thly for all groups.)

Vision Rates

	10 mo	10 mo	10 mo	10 mo
	Mgmt	Conf/Sup	Faculty	CSEA
Single-District 100%	6.78	6.78	6.78	6.78
Two-Party-Employee 100%	6.08	6.08	6.08	6.08
Family-Employee 100%	12.10	12.10	12.10	12.10

5.65
10.72
15.73