

**SCHOOLS INSURANCE GROUP
HEALTH PLAN RATES
July 1, 2023 through June 30, 2024**

OUT OF AREA RETIREES UNDER AGE 65

PLAN NAME	COVERAGE LEVEL	MONTHLY RATE
Blue Shield of CA – Trio HMO	Retiree Only	\$1,098.00
	Retiree + Spouse (< 65)	\$2,196.00
	Retiree + Children	\$1,680.00
	Retiree + Spouse (< 65) + Children	\$2,580.00
Blue Shield of CA PPO Savings (\$2,700/\$3,000/\$5,200) Deductible	Retiree Only	\$932.00
	Retiree + Spouse (< 65)	\$1,863.00
	Retiree + Children	\$1,425.00
	Retiree + Spouse (< 65) + Children	\$2,189.00
Blue Shield of CA PPO Savings (\$4,400/\$4,400/\$8,800) Deductible	Retiree Only	\$838.00
	Retiree + Spouse (< 65)	\$1,673.00
	Retiree + Children	\$1,281.00
	Retiree + Spouse (< 65) + Children	\$1,966.00
Delta Dental Plan Composite Rate	Retiree Plus	\$99.00 - RTPA
		\$125.75 – CLASS/RAPA
VSP (Vision Plan) Composite Rate	Retiree Plus	\$22.70

****Rate sheet does not reflect district paid benefit cap if applicable****