

**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	493.00	493.00	493.00	591.60	608.02	729.62	663.29	810.69
Two-Party	979.00	979.00	979.00	1,174.80	1,154.00	1,384.80	1,258.91	1,538.67
Family	1,388.00	1,388.00	1,388.00	1,665.60	1,611.17	1,933.40	1,757.64	2,148.23

**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
<b>100% Plan A \$10</b> DED: \$0 OOP: \$1,000/\$3,000 Rx \$9/\$35	40451C/D	40451C	40451D	40451D	40451C	40451C	40451C	40451C
Single	434.00	434.00	434.00	520.80	318.98	382.78	347.98	425.31
Two-Party	833.00	833.00	833.00	999.60	658.00	789.60	717.82	877.33
Family	1158.00	1158.00	1158.00	1389.60	934.83	1121.80	1019.81	1246.44

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
<b>90% Plan C \$20</b> DED: \$200/\$500 OOP: \$1,000/\$3,000 Rx \$9/\$35	40451A/B	40451B	40451A	40451A	40451B	40451B	40451B	40451B
Single	334.00	334.00	334.00	400.80	218.98	262.78	238.89	291.97
Two-Party	634.00	634.00	634.00	760.80	459.00	550.80	500.73	612.00
Family	874.00	874.00	874.00	1048.80	650.83	781.00	710.00	867.77

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
<b>90% Plan G \$20</b> DED: \$500/\$1,000 OOP: \$1,000/\$3,000 Rx \$7/\$25	40451E/F	40451F	40451E	40451E	40451F	40451F	40451F	40451F
Single	320.00	320.00	320.00	384.00	204.98	245.98	223.61	273.31
Two-Party	599.00	599.00	599.00	718.80	424.00	508.80	462.55	565.33
Family	821.00	821.00	821.00	985.20	597.83	717.40	652.18	797.11

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
<b>80% Plan E \$20</b> DED: \$300/\$600 OOP: \$1,000/\$3,000 Rx \$9/\$35	40448A/B	40448B	40448A	40448A	40448B	40448B	40448B	40448B
Single	282.00	282.00	282.00	338.40	166.98	200.38	182.16	222.64
Two-Party	528.00	528.00	528.00	633.60	353.00	423.60	385.09	470.67
Family	724.00	724.00	724.00	868.80	500.83	601.00	546.36	667.77

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
<b>80% Plan G \$30</b> DED: \$500/\$1,000 OOP: \$2,000/\$4,000 Rx \$7/\$25	40448C/D	40448C	40448D	40448D	40448C	40448C	40448C	40448C
Single	248.00	248.00	248.00	297.60	132.98	159.58	145.07	177.31
Two-Party	457.00	457.00	457.00	548.40	282.00	338.40	307.64	376.00
Family	618.00	618.00	618.00	741.60	394.83	473.80	430.72	526.44

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	493.00	493.00	493.00	591.60	608.02	729.62	663.29	810.69
Two-Party	979.00	979.00	979.00	1,174.80	1,154.00	1,384.80	1,258.91	1,538.67
Family	1,388.00	1,388.00	1,388.00	1,665.60	1,611.17	1,933.40	1,757.64	2,148.23

SISC  
Medical  
Rates

	12 mo	12 mo	12 mo	10 mo	12 mo	10 mo	11 mo	9 mo
High Deductible Health Plan A (Single)	Mgmt	Conf/Sup	Faculty	Faculty	CSEA	CSEA	CSEA	CSEA
DED: \$1,700 OOP: \$3,400	40451G/H	40451G	40451H	40451H	40451G	40451G	40451G	40451G
Health Plan A (Family)	40451J/K	40451K	40451J	40451J	40451K	40451K	40451K	40451K
DED: \$3,400 OOP: \$3,400/\$6,800								
Single	114.00	114.00	114.00	136.80	0.00	0.00	0.00	0.00
Two-Party	193.00	193.00	193.00	231.60	18.00	21.60	19.64	24.00
Family	248.00	248.00	248.00	297.60	24.83	29.80	27.09	33.11

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