



Effective October 1, 2024

Group # 602375	Kaiser HMO	Kaiser HSA		
Plan	HMO \$40	\$2,500 HDHP Plan		
Deductible Single	None	\$2,500		
Deductible Family	None	\$5,000		
Physician's Office Care				
Office Visit / Specialist	\$40 / \$50	\$20 / \$20 after ded		
Routine Physicals	No Charge	No Charge		
Well Baby Care	No Charge	No Charge		
Labs and X-rays	\$15 - \$50	\$10-\$40 after ded		
Chiro/Acupuncture	\$15 Copay	Not Available		
Prescription Drugs (Mail Order 100 Days)				
Generic 30 day	\$15 (\$30)	\$10 (\$20)		
Brand Name 30 day	\$40 (\$80)	\$30 (\$60)		
Specialty	30% to max \$250	20% to max \$250		
Hospital Care				
Urgent Care	\$40	\$20 after ded		
In-Patient Hospital	30%	20% after ded		
Out-Patient Services	30%	20% after ded		
Hospital Emergency	30%	20% after ded		
Maximum Out-of-Pocket (includes ded)				
Individual	\$4,000	\$5,000		
Family	\$8,000	\$10,000		
Max. Lifetime Benefit	Unlimited	Unlimited		
	Premium	Emp Cost	Premium	Emp Cost
Employee	\$881.59	\$120	\$698.80	\$40
Employee + Spouse	\$1,939.50	\$310	\$1,537.35	\$104
Employee + Child(ren)	\$1,763.18	\$260	\$1,397.60	\$88
Family	\$2,644.78	\$426	\$2,096.39	\$150

Premium and Emp cost shown is monthly



Dental PPO	Guardian Dental, Group # 441291	
Benefits	Contracted Provider	Non-Contract Provider
Calendar Year Max. Benefit	\$1,500	\$1,000
Calendar Year Deductible	\$50 Per Member, 3 Per Family	
Preventive Services:	100%	80% (Subject to UCR)
Exam, X-rays, Cleaning	Deductible Waived	
General/Basic Services:	80%	70% (Subject to UCR)
Fillings, Endodontic, Perio.		
Major Services:	50%	40% (Subject to UCR)
Crowns, Bridges, Dentures		
Orthodontic Services:	50%	50% (Subject to UCR)
Child and Adult		
Orthodontics Lifetime Maximum	\$1,000	
Maximum Rollover	Threshold \$500, In network \$350 (\$250 Out), limit \$1,000	
	Premium	Monthly Emp Cost
Employee	\$66.09	\$35
Employee + Spouse	\$125.23	\$66
Employee + Child(ren)	\$158.74	\$84
Family	\$217.87	\$115



Dental DHMO	Guardian Dental, Group # 441291	
Calendar Year Max. Benefit	(Unlimited) See The Guardian Employee Kit Page 3 & 15	
Calendar Year Deductible	\$0, Select a Primary Care Dentist	
	Premium	Monthly Emp Cost
Employee	\$18.83	\$5
Employee + Spouse	\$36.63	\$10
Employee + Child(ren)	\$32.73	\$10
Family	\$53.78	\$15

Information provided in this handout is for comparison purposes only and is provided without any coverage guarantees. Refer to the insurance carrier plan summary to verify any specific procedures.



Group # 222304	Sutter Health HMO	Sutter Health HSA		
Plan	HMO \$20	\$2,500 HDHP Plan		
Deductible Single	\$500	\$2,500		
Deductible Family	\$1,000	\$5,000		
Physician's Office Care				
Office Visit / Specialist	\$20 / \$20	\$40 after deductible		
Routine Physicals	No Charge	No Charge		
Well Baby Care	No Charge	No Charge		
Labs and X-rays	\$10 - \$50	\$15 - \$50 after deductible		
Chiro/Acupuncture	\$10 (30 visits)	Chiro Not Available / Acu \$40		
Prescription Drugs (Mail Order 100 Days)				
Generic 30 day	\$10 (\$20)	\$10 (\$20) after deductible		
Brand Name 30 day	\$30 (\$60)	\$30 (\$60) after deductible		
Specialty	10% to max \$100	20% to max \$100		
Hospital Care				
Urgent Care	\$20	\$40 after deductible		
In-Patient Hospital	10% after deductible	\$500 per day (5 max) after deductible		
Out-Patient Services	10% after deductible	\$40 copay after deductible		
Hospital Emergency	10% after deductible	\$100 copay after deductible		
Maximum Out-of-Pocket (includes ded)				
Individual	\$3,000	\$4,000		
Family	\$6,000	\$8,000		
Max. Lifetime Benefit	Unlimited	Unlimited		
	Premium	Monthly Emp Cost	Premium	Monthly Emp Cost
Employee	\$996.70	\$75	\$773.10	\$25
Employee + Spouse	\$2,192.60	\$310	\$1,700.70	\$104
Employee + Child(ren)	\$1,993.20	\$260	\$1,546.10	\$88
Family	\$2,990.10	\$426	\$2,319.20	\$150

ded = deductible

Premium and Emp cost shown is monthly

Premium and Emp cost shown is monthly

*If the eligible employee elects not to receive the medical insurance benefit, a \$500 FSA contribution will be automatically made on an annual basis.

Health Savings Acct	Annual TKA Contribution
Employee	\$1,000
Emp + Spouse	\$1,500
Emp + Children/Family	\$2,000



HSA Annual IRA Limits	2024	2025
Single	\$4,150	\$4,300
Family (2 or more)	\$8,300	\$8,550
Catch-up (55 or older)	\$1,000	

Voluntary Vision Plan - VSP Guardian	
Exams (Every 12 months)	\$10
Materials (Every 24 months)	\$25
Lenses	Contracted Provider
Single, Bifocal	Covered in Full
Trifocal	Covered in Full
Frames	\$120 + 20%
Contacts	\$120.00
	Monthly Emp Cost
Employee	\$13.81
Employee + Spouse	\$23.24
Employee + Child(ren)	\$23.70
Family	\$37.50



Guardian Life Insurance
\$30,000 Basic Life and AD&D

Optional FSA Plan Available (800) 473-9595
Pre-Tax Contributions may be made to your FSA up to \$3,200 Medical, \$5,000 Dependent Care, Transit



Voluntary Life	Guardian, Group # 441291
Employee Benefit	Additional life insurance up to \$500,000
Spouse + Child	Spouse 50% of emp amount, Child 10% of Emp amount
Guarantee Issue	\$200,000 Employee, \$50,000 Spouse, \$10,000 Child
Voluntary Life Insurance is Voluntary, See BeneTrac for rates	



Accident - Monthly Cost	Guardian Accident Insurance
Employee Only - \$18.27	Hospital Admission - \$1,000
Employee+Spouse - \$30.85	Knee Cartilage, Tendon/Ligament \$500
Employee+Child(ren) - \$31.80	Physical Therapy \$25
Employee+Family - \$44.38	Urgent Care \$75
Accident Insurance is Voluntary, See Plan Summary for Coverage	



Cancer - Monthly Cost	Guardian Cancer Insurance
Employee Only - \$18.54	Initial Diagnosis \$2,500
Employee+Spouse - \$37.34	Chemotherapy, up to \$4,000
Employee+Child(ren) - \$21.48	Surgery \$500-\$2,000
Employee+Family - \$40.28	Hospital Confinement \$300 per day
Cancer Insurance is Voluntary, See Plan Summary for Coverage	

Retirement Plan - The Standard
During the 2024-2025 school year TKA will contribute 3% of each eligible individual's base salary or hourly compensation to a 403(b) account in that employee's name. A matching 3% is also available when the employee contributes 3% or more to this fund. Eligibility for this plan begins immediately upon employment.
Additional voluntary contributions may be made by the employee to their 403(b) account administered by The Standard.
Please visit: www.standard.com/retirement or (800) 858-5420

