



# Bakersfield City School District

## Health Benefits

### PRORATED RATES FOR 4-HOUR TO 7-HOUR CLASSIFIED EMPLOYEES 2023-2024

Classified employees who work 4-7 hours per day are eligible to enroll in Bakersfield City School District (“BCSD”) benefit plans at prorated rates. Payments are made through payroll deduction and vary depending on the number of hours worked and the choice of dental plan. Table 1 below shows the amount of payroll deduction for each plan. For example, a 5-hour, 10-month employee who selects benefits with Liberty Dental would pay \$783.86 monthly. If the employee instead chose Delta Dental Incentive the monthly amount would be \$799.61.

Insurance coverage is for a 12-month period. If an employee’s August or May pay warrant is not sufficient to withhold the voluntary deduction amount it will be necessary for the employee to make a payment to BCSD for the amount due. When a 10-month employee is hired September thru May and elects to participate in BCSD Health benefits, see Health Benefits for cost of summer months.

**TABLE 1: 2023-2024 SCHOOL YEAR MONTHLY DEDUCTION**

	7 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	<b>\$266.54</b>	<b>266.39</b>	<b>\$261.29</b>

	6 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	<b>\$533.07</b>	<b>\$532.77</b>	<b>\$522.57</b>

	5 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTHS	<b>\$799.61</b>	<b>\$799.17</b>	<b>\$783.86</b>

	4 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	<b>\$1,066.16</b>	<b>\$1,065.56</b>	<b>\$1,045.16</b>

**YOU MAY DECLINE INSURANCE BENEFITS AT THE TIME OF ORIENTATION. IF YOU CHOOSE TO DECLINE WE WILL HAVE YOU COMPLETE A DECLINATION FORM AT THAT TIME. YOUR NEXT OPPORTUNITY TO ENROLL FOR INSURANCE BENEFITS WILL BE DURING OPEN ENROLLMENT WHICH IS HELD EACH AUGUST.**



# Bakersfield City School District

## Health Benefits

### MONTHLY PAYROLL DEDUCTION FOR HEALTH BENEFITS FOR FULL-TIME EMPLOYEES Effective October 1, 2023

Full-time employees may be required to contribute through monthly payroll deduction a portion of the premium for their fringe benefit package. The monthly amount depends upon collective bargaining agreements and choice of dental plan.

Listed below are the current payroll deduction amounts by employee group. Insurance coverage is for a 12-month period. The higher amount for a 10-month employee is necessary because BCSD can only take a deduction from pay warrants during the 10-month period that the employee works. Also, if an employee's August or May pay warrant is not sufficient to withhold the voluntary deduction amount it will be necessary for the employee to make a payment to BCSD for the amount due. Part-time (4-7 hours per day) supervisory employees who elect to participate in the benefit program pay an additional monthly amount. Details will be given at the employee's orientation.

You may decline insurance benefits at the time of orientation. If you choose to decline we will have you complete a Declination Form at that time. Your next opportunity to enroll for benefits will be during the open enrollment period which is held each August.

Monthly Payroll Deduction			
Description		2023-2024 Deductions for employee Benefit Package	
		10 Month	12 Month
BETA	Delta Incentive	\$0	N/A
	Delta PPO	\$0	N/A
	Liberty	\$0	N/A
CSEA	Delta Incentive	\$0	\$0
	Delta PPO	\$0	\$0
	Liberty	\$0	\$0
Skilled Trades	Delta Incentive	N/A	\$0
	Delta PPO	N/A	\$0
	Liberty	N/A	\$0
Management	Delta Incentive	N/A	\$656.47
	Delta PPO	N/A	\$655.47
	Liberty	N/A	\$621.47
Confidential	Delta Incentive	N/A	\$504.69
	Delta PPO	N/A	\$503.69
	Liberty	N/A	\$468.69
Supervisory	Delta Incentive	\$636.96	\$530.80
	Delta PPO	\$635.76	\$529.80
	Liberty	\$594.96	\$495.80