

CERTIFICATED

ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION

Rates shown are tenthy payroll deduction amounts taken from October through July paychecks

COVERAGE EFFECTIVE: OCTOBER 1, 2019 - SEPTEMBER 30, 2020

PENDING UNION RATIFICATION and BOARD APPROVAL - Blue Shield 12.2%, Kaiser 6.9% with District Contribution at the Kaiser Rate Delta Dental Rate Decrease -3.5% reflected for employees, same District Contribution

Employment Percentage

BENEFIT PLANS	EMPLOYEE DEDUCTIONS						DISTRICT CONTRIBUTION FOR FULL TIME EMPLOYEES	Monthly Premium Per Member Paid to Insurance Company 2019-20 Prelim Rates
	100%	90%	80%	60%	50%	40%		
Blue Shield - PPO								
Single	870.85	935.10	999.34	1,127.84	1,192.09	1,256.33	642.47	1,513.32
Two-Party	1,949.21	2,079.65	2,210.09	2,470.98	2,601.42	2,731.86	1304.42	3,253.63
Family	2,672.61	2,851.78	3,030.95	3,389.28	3,568.45	3,747.62	1791.68	4,464.29
Blue Shield- HMO								
Single	276.99	341.24	405.48	533.98	598.23	662.47	642.47	919.46
Two-Party	672.42	802.86	933.30	1,194.19	1,324.63	1,455.07	1304.42	1,976.84
Family	920.74	1,099.91	1,279.08	1,637.41	1,816.58	1,995.75	1791.68	2,712.42
Blue Shield - SaveNet								
Single	101.88	166.13	230.37	358.87	423.12	487.36	642.47	744.35
Two-Party	295.92	426.36	556.80	817.69	948.13	1,078.57	1304.42	1,600.34
Family	404.15	583.32	762.49	1,120.82	1,299.99	1,479.16	1791.68	2,195.83
Blue Shield - Trio								
Single	71.27	135.52	199.76	328.26	392.51	456.75	642.47	713.74
Two-Party	230.09	360.53	490.97	751.86	882.30	1,012.74	1304.42	1,534.51
Family	313.82	492.99	672.16	1,030.49	1,209.66	1,388.83	1791.68	2,105.50
KAISER								
Single	61.10	125.35	189.59	318.09	382.34	446.58	642.47	703.57
Two-Party	102.72	233.16	363.60	624.49	754.93	885.37	1304.42	1,407.14
Family	199.42	378.59	557.76	916.09	1,095.26	1,274.43	1791.68	1,991.10
DELTA DENTAL - PPO								
Single	11.69	18.97	26.25	40.81	48.09	55.36	72.79	84.48
Two-Party	42.26	55.33	68.40	94.53	107.60	120.67	130.68	172.94
Family	71.99	89.92	107.85	143.70	161.63	179.56	179.28	251.27
DELTACARE - HMO								
Employee + Dependents	2.24	6.06	9.88	17.51	21.33	25.15	38.18	40.42
VISION SERVICE PLAN								
Single	0.00	0.96	1.91	3.83	4.79	5.74	9.57	9.57
Two-Party	0.00	1.91	3.83	7.65	9.57	11.48	19.13	19.13
Family	0.73	3.74	6.74	12.75	15.76	18.77	30.06	30.79
LIFE INSURANCE								
Employee (50K) <small>Mgmt & Confidential</small>	0.00	0.00	0.00	0.00	0.00	not eligible	6.48	6.48
Employee (25K) <small>Certificated & Classified</small>	0.00	0.00	0.00	0.00	0.00	not eligible	3.48	3.48
Dependents (1K)	0.00	0.00	0.00	0.00	0.00	not eligible	0.00	0.00
LONG TERM DISABILITY								
Certificated/Classified	0.00	0.00	0.00	0.00	0.00	not eligible	8.65	8.65