REDONDO BEACH UNIFIED SCHOOL DISTRICT

ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION

Rates shown are tenthly payroll deduction amounts taken from September through June

COVERAGE EFFECTIVE: OCTOBER 1, 2011 - SEPTEMBER 30, 2012

Rates Subject to Change - Pending Negotiations

BENEFIT PLANS	EMPLOYEE DEDUCTIONS						DISTRICT CONTRIBUTION FOR **FULL** TIME EMPLOYEES	Monthly Premium Per Member Paid to Insurance Company
Employment Percentage	100%	90%	80%	60%	50%	40%		
BLUE SHIELD - PPO								
Single	580.62	615.62	650.62	720.62	755.62	790.62	350.00	930.62
Two-Party	1,298.80	1,369.00	1,439.20	1,579.60	1,649.80	1,720.00	702.00	2,000.80
Family	1,795.28	1,890.28	1,985.28	2,175.28	2,270.28	2,365.28	950.00	2,745.28
BLUE SHIELD - HMO								
Single	156.20	191.20	226.20	296.20	331.20	366.20	350.00	506.20
Two-Party	386.32	456.52	526.72	667.12	737.32	807.52	702.00	1,088.32
Family	543.28	638.28	733.28	923.28	1,018.28	1,113.28	950.00	1,493.28
KAISER								
Single	124.91	159.91	194.91	264.91	299.91	334.91	350.00	474.91
Two-Party	247.81	318.01	388.21	528.61	598.81	669.01	702.00	949.81
Family	393.98	488.98	583.98	773.98	868.98	963.98	950.00	1,343.98
DELTA DENTAL - PPO								
Single	8.37	14.80	21.22	34.07	40.50	46.92	64.25	72.62
Two-Party	35.48	46.80	58.12	80.75	92.07	103.39	113.18	148.66
Family	62.14	77.53	92.91	123.68	139.07	154.46	153.86	216.00
DELTACARE - HMO								
Employee + Dependents	1.10	4.79	8.48	15.86	19.55	23.23	36.89	37.99
VISION SERVICE PLAN								
Single	0.00	0.19	1.16	3.11	4.08	5.05	8.94	8.94
Two-Party	0.00	0.38	2.33	6.22	8.16	10.10	17.88	17.88
Family	0.73	3.54	6.34	11.95	14.76	17.56	28.05	28.78
ING LIFE INSURANCE								
Employee (25K)	0.00	0.00	0.00	0.00	0.00	not eligible	4.44	4.44
Dependents (1K)	0.00	0.00	0.00	0.00	0.00	not eligible		0.00
ING INCOME PROTECTION								
Certificated	0.00	0.00	0.00	0.00	0.00	not eligible	10.87	10.87