

**REDONDO BEACH UNIFIED SCHOOL DISTRICT**

**ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION**

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

COVERAGE EFFECTIVE: OCTOBER 1, 2018 - SEPTEMBER 30, 2019

**Benefits are currently under negotiation and subject to review**

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%		
<b>Blue Shield - PPO</b>								
Single	743.25	802.97	862.68	982.11	1,041.83	1,101.55	597.16	1,340.41
Two-Party	1,668.08	1,789.46	1,910.84	2,153.60	2,274.98	2,396.36	1213.80	2,881.88
Family	2,290.75	2,457.10	2,623.44	2,956.13	3,122.48	3,288.82	1663.45	3,954.20
<b>Blue Shield- HMO</b>								
Single	191.43	251.15	310.86	430.29	490.01	549.73	597.16	788.59
Two-Party	481.67	603.05	724.43	967.19	1,088.57	1,209.95	1213.80	1,695.47
Family	662.88	829.23	995.57	1,328.26	1,494.61	1,660.95	1663.45	2,326.33
<b>Blue Shield - SaveNet</b>								
Single	41.22	100.94	160.65	280.08	339.80	399.52	597.16	638.38
Two-Party	158.69	280.07	401.45	644.21	765.59	886.97	1213.80	1,372.49
Family	219.75	386.10	552.44	885.13	1,051.48	1,217.82	1663.45	1,883.20
<b>KAISER</b>								
Single	61.10	120.82	180.53	299.96	359.68	419.40	597.16	658.26
Two-Party	102.72	224.10	345.48	588.24	709.62	831.00	1213.80	1,316.52
Family	199.42	365.77	532.11	864.80	1,031.15	1,197.49	1663.45	1,862.87
<b>DELTA DENTAL - PPO</b>								
Single	14.75	22.03	29.31	43.87	51.15	58.42	72.79	87.54
Two-Party	48.53	61.60	74.67	100.80	113.87	126.94	130.68	179.21
Family	81.10	99.03	116.96	152.81	170.74	188.67	179.28	260.38
<b>DELTACARE - HMO</b>								
Employee + Dependents	2.24	6.06	9.88	17.51	21.33	25.15	38.18	40.42
<b>VISION SERVICE PLAN</b>								
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
<b>LIFE INSURANCE</b>								
Employee (50K) <small>Mgmt &amp; Confidential</small>	0.00	0.00	0.00	0.00	0.00	not eligible	6.48	6.48
Employee (25K) <small>Certificated &amp; 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
<b>LONG TERM DISABILITY</b>								
Certificated/Classified	0.00	0.00	0.00	0.00	0.00	not eligible	8.65	8.65