



## 2020 HEALTH INSURANCE RATES BENEFIT ELIGIBLE EMPLOYEES & EARLY RETIREES

**NEW--Acupuncture and Chiropractic Benefits included with all Plans!!!**

HEALTH INSURANCE PACKAGES - Full-time Employees						
Employee-only packages include medical/dental/vision for employee <i>+1 and family packages include medical/dental for dependents, <u>but not vision</u></i>			Total Monthly Premium	% Paid by District	12thly Cost to District	*12thly Cost to enrollee
						10thly Payroll Deduction
Kaiser	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$633.00	100%	\$633.00	\$0.00
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$1,249.00	88%	\$1,099.12	\$149.88
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$1,761.00	88%	\$1,549.68	\$211.32
United HealthCare HMO	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$771.00	100%	\$771.00	\$0.00
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$1,523.00	58%	\$883.34	\$639.66
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$2,141.00	58%	\$1,241.78	\$899.22
United HealthCare PPO	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$1,620.00	85%	\$1,377.00	\$243.00
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$3,343.00	50%	\$1,671.50	\$1,671.50
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$4,709.00	40%	\$1,883.60	\$2,825.40
United HealthCare PPO <i>Out-of-State</i>	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$1,662.00	85%	\$1,412.70	\$249.30
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$3,518.00	50%	\$1,759.00	\$1,759.00
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$4,766.00	40%	\$1,906.40	\$2,859.60

\*COBRA and Retiree payments made on a 12thly basis--Active Employee payroll deductions made on a 10thly basis

HEALTH INSURANCE PACKAGES - Part-time Employees						
Employee-only packages include medical/dental/vision for employee <i>+1 and family packages include medical/dental for dependents, but not vision</i>			Total Monthly Premium	% Paid by District	12thly Cost to District	*12thly Cost to enrollee
						10thly Payroll Deduction
Kaiser	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$633.00	50%	\$316.50	\$316.50
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$1,249.00	44%	\$549.56	\$699.44
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$1,761.00	44%	\$774.84	\$986.16
United HealthCare HMO	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$771.00	50%	\$385.50	\$385.50
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$1,523.00	29%	\$441.67	\$1,081.33
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$2,141.00	29%	\$620.89	\$1,520.11
United HealthCare PPO	<b>Employee Only</b> <i>May add dependent dental and/or vision at additional cost (see below)</i>		\$1,620.00	42.5%	\$688.50	\$931.50
	<b>Employee +1 Dependent</b> <i>May add dependent vision at additional cost (see below)</i>		\$3,343.00	25%	\$835.75	\$2,507.25
	<b>Employee + Family</b> <i>May add dependent vision at additional cost (see below)</i>		\$4,709.00	20%	\$941.80	\$3,767.20

\*COBRA and Retiree payments made on a 12thly basis--Active Employee payroll deductions made on a 10thly basis

ADD-ON DEPENDENT COVERAGE			
DEPENDENT DENTAL COVERAGE <i>Cost to add dependent dental to employee-only health insurance package</i>			
			*12thly Cost to enrollee
			10thly Payroll Deduction
Delta PPO	+1 Dependent		\$39.98
	+ Family		\$91.38
Delta HMO	+1 Dependent		\$15.99
	+ Family		\$32.67
DEPENDENT VISION COVERAGE <i>Cost to add dependent vision to any health insurance package</i>			
			*12thly Cost to enrollee
			10thly Payroll Deduction
VSP	+1 Dependent		\$9.30
	+ Family		\$19.01

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