



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, but not vision</i> | | Total Monthly Premium | % Paid by District | 12thly Cost to District | *12thly Cost to enrollee | 10thly Payroll Deduction |
| Kaiser | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$633.00 | 100% | \$633.00 | \$0.00 | \$0.00 |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$1,249.00 | 88% | \$1,099.12 | \$149.88 | \$179.86 |
| | Employee + Family <i>May add dependent vision at additional cost (see below)</i> | \$1,761.00 | 88% | \$1,549.68 | \$211.32 | \$253.58 |
| United HealthCare HMO | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$771.00 | 100% | \$771.00 | \$0.00 | \$0.00 |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$1,523.00 | 58% | \$883.34 | \$639.66 | \$767.59 |
| | Employee + Family <i>May add dependent vision at additional cost (see below)</i> | \$2,141.00 | 58% | \$1,241.78 | \$899.22 | \$1,079.06 |
| United HealthCare PPO | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$1,620.00 | 85% | \$1,377.00 | \$243.00 | \$291.60 |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$3,343.00 | 50% | \$1,671.50 | \$1,671.50 | \$2,005.80 |
| | Employee + Family <i>May add dependent vision at additional cost (see below)</i> | \$4,709.00 | 40% | \$1,883.60 | \$2,825.40 | \$3,390.48 |
| United HealthCare PPO Out-of-State | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$1,662.00 | 85% | \$1,412.70 | \$249.30 | |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$3,518.00 | 50% | \$1,759.00 | \$1,759.00 | |
| | Employee + Family <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 | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$633.00 | 50% | \$316.50 | \$316.50 | \$379.80 |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$1,249.00 | 44% | \$549.56 | \$699.44 | \$839.33 |
| | Employee + Family <i>May add dependent vision at additional cost (see below)</i> | \$1,761.00 | 44% | \$774.84 | \$986.16 | \$1,183.39 |
| United HealthCare HMO | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$771.00 | 50% | \$385.50 | \$385.50 | \$462.60 |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$1,523.00 | 29% | \$441.67 | \$1,081.33 | \$1,297.60 |
| | Employee + Family <i>May add dependent vision at additional cost (see below)</i> | \$2,141.00 | 29% | \$620.89 | \$1,520.11 | \$1,824.13 |
| United HealthCare PPO | Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i> | \$1,620.00 | 42.5% | \$688.50 | \$931.50 | \$1,117.80 |
| | Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i> | \$3,343.00 | 25% | \$835.75 | \$2,507.25 | \$3,008.70 |
| | Employee + Family <i>May add dependent vision at additional cost (see below)</i> | \$4,709.00 | 20% | \$941.80 | \$3,767.20 | \$4,520.64 |

*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 | \$47.98 |
| | + Family | | \$91.38 | \$109.66 |
| Delta HMO | +1 Dependent | | \$15.99 | \$19.19 |
| | + Family | | \$32.67 | \$39.20 |
| 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 | \$11.16 |
| | + Family | | \$19.01 | \$22.81 |

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