



2018 HEALTH INSURANCE RATES FULL-TIME ACTIVE EMPLOYEES & EARLY RETIREES

HEALTH INSURANCE PACKAGES						
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 Employee/Retiree	10thly Deduction
Kaiser	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$581.00	100%	\$581.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,146.00	88%	\$1,008.48	\$137.52	\$165.02
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$1,616.00	88%	\$1,422.08	\$193.92	\$232.70
United HealthCare HMO	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$736.00	100%	\$736.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,454.00	58%	\$843.32	\$610.68	\$732.82
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$2,043.00	58%	\$1,184.94	\$858.06	\$1,029.67
United HealthCare PPO	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$1,414.00	85%	\$1,201.90	\$212.10	\$254.52
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$2,916.00	50%	\$1,458.00	\$1,458.00	\$1,749.60
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$4,108.00	40%	\$1,643.20	\$2,464.80	\$2,957.76
United HealthCare PPO Out-of-State (Retirees)	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$1,426.00	85%	\$1,212.10	\$213.90	
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$3,012.00	50%	\$1,506.00	\$1,506.00	
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$4,069.00	40%	\$1,627.60	\$2,441.40	

ADD-ON DEPENDENT COVERAGE			
DEPENDENT DENTAL COVERAGE <i>Cost to add dependent dental to employee-only health insurance package</i>			
		*12thly Cost to Employee/Retiree	10thly 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 Employee/Retiree	10thly Deduction
VSP	+1 Dependent	\$9.30	\$11.16
	+ Family	\$19.01	\$22.81

*Retiree payments made on a 12thly basis. Employee payroll deductions made on a 10thly basis