

CERTIFICATED

ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION

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

COVERAGE EFFECTIVE: OCTOBER 1, 2020 - SEPTEMBER 30, 2021

FINAL - SISC: Medical, Dental, Vision Lincoln Financial: Life & LTD									
BENEFIT PLANS	EMPLOYEE DEDUCTIONS							DISTRICT CONTRIBUTION FOR FULL TIME EMPLOYEES	Monthly Premium Per Member Paid to Insurance Company
Employment Percentage	100%	90%	80%	70%	60%	50%	40%		
Blue Shield - PPO									
Single	255.13	319.38	383.62	447.87	512.12	576.37	640.61	642.47	897.60
Two-Party	561.12	693.53	825.94	958.34	1,090.75	1,223.16	1,355.57	1324.08	1,885.20
Family	824.32	1,003.49	1,182.66	1,361.82	1,540.99	1,720.16	1,899.33	1791.68	2,616.00
Blue Shield- HMO									
Single	181.93	246.18	310.42	374.67	438.92	503.17	567.41	642.47	824.40
Two-Party	426.72	559.13	691.54	823.94	956.35	1,088.76	1,221.17	1324.08	1,750.80
Family	627.52	806.69	985.86	1,165.02	1,344.19	1,523.36	1,702.53	1791.68	2,419.20
Blue Shield - SaveNet									
Single	24.73	88.98	153.22	217.47	281.72	345.97	410.21	642.47	667.20
Two-Party	79.92	212.33	344.74	477.14	609.55	741.96	874.37	1324.08	1,404.00
Family	141.52	320.69	499.86	679.02	858.19	1,037.36	1,216.53	1791.68	1,933.20
Blue Shield - Trio									
Single	6.73	70.98	135.22	199.47	263.72	327.97	392.21	642.47	649.20
Two-Party	40.32	172.73	305.14	437.54	569.95	702.36	834.77	1324.08	1,364.40
Family	87.52	266.69	445.86	625.02	804.19	983.36	1,162.53	1791.68	1,879.20
KAISER									
Single	36.73	100.98	165.22	229.47	293.72	357.97	422.21	642.47	679.20
Two-Party	102.72	235.13	367.54	499.94	632.35	764.76	897.17	1324.08	1,426.80
Family	184.72	363.89	543.06	722.22	901.39	1,080.56	1,259.73	1791.68	1,976.40
KAISER - Deductible Plan									
Single	0.00	60.36	120.72	181.08	241.44	301.80	362.16	603.60	603.60
Two-Party	0.00	126.60	253.20	379.80	506.40	633.00	759.60	1266.00	1,266.00
Family	0.00	175.44	350.88	526.32	701.76	877.20	1,052.64	1754.40	1,754.40
Delta Dental - PPO Plan									
Single	0.00	6.60	13.20	19.80	26.40	33.00	39.60	66.00	66.00
Two-Party	6.84	19.91	32.98	46.04	59.11	72.18	85.25	130.68	137.52
Family	26.16	44.09	62.02	79.94	97.87	115.80	133.73	179.28	205.44
Delta Dental - HMO Plan									
Single	2.24	6.06	9.88	13.69	17.51	21.33	25.15	38.18	40.42
Two-Party	2.24	6.06	9.88	13.69	17.51	21.33	25.15	38.18	40.42
Family	2.24	6.06	9.88	13.69	17.51	21.33	25.15	38.18	40.42
VISION SERVICE PLAN									
Single	0.00	0.92	1.85	2.77	3.70	4.62	5.54	9.24	9.24
Two-Party	0.00	1.85	3.70	5.54	7.39	9.24	11.09	18.48	18.48
Family	0.00	2.77	5.54	8.32	11.09	13.86	16.63	27.72	27.72
LIFE INSURANCE									
Employee (50K) <small>Mgmt & Confidential</small>	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	6.48	7.20
Employee (25K) <small>Certificated & Classified</small>	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	3.48	3.16
Dependents (1K)	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	0.00	0.00
LONG TERM DISABILITY									
Certificated/Classified	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	9.95	11.81