

CERTIFICATED

ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION COVERAGE EFFECTIVE: OCTOBER 1, 2022 - SEPTEMBER 30, 2023

PENDING NEGOTIATIONS										
Plan Group #:	BENEFIT PLANS	EMPLOYEE DEDUCTIONS							DISTRICT CONTRIBUTION FOR FULL TIME EMPLOYEES	Monthly Premium Per Member Paid to Insurance Company
	Employment Percentage	Rates shown are tenthy payroll deduction amounts taken from October through July paychecks							2021-22 Rates	
		100%	90%	80%	70%	60%	50%	40%	10thly rate	
		Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost		
	Blue Shield - PPO *NEW PPO PLAN*									
	Single	276.73	340.98	405.22	469.48	533.72	597.96	662.22	642.47	919.20
	Two-Party	613.92	746.32	878.74	1,011.14	1,143.56	1,275.96	1,408.36	1324.08	1,938.00
	Family	901.12	1,080.28	1,259.46	1,438.62	1,617.80	1,796.96	1,976.12	1791.68	2,692.80
	Blue Shield- HMO *NEW HMO PLAN*									
	Single	216.73	280.98	345.22	409.48	473.72	537.96	602.22	642.47	859.20
	Two-Party	513.12	645.52	777.94	910.34	1,042.76	1,175.16	1,307.56	1324.08	1,837.20
	Family	753.52	932.68	1,111.86	1,291.02	1,470.20	1,649.36	1,828.52	1791.68	2,545.20
	Blue Shield - SaveNet									
715171H031000	Single	70.33	134.58	198.82	263.08	327.32	391.56	455.82	642.47	712.80
715171H031000	Two-Party	178.32	310.72	443.14	575.54	707.96	840.36	972.76	1324.08	1,502.40
715171H031000	Family	279.52	458.68	637.86	817.02	996.20	1,175.36	1,354.52	1791.68	2,071.20
	Blue Shield - Trio									
715171H051000	Single	51.13	115.38	179.62	243.88	308.12	372.36	436.62	642.47	693.60
715171H051000	Two-Party	135.12	267.52	399.94	532.34	664.76	797.16	929.56	1324.08	1,459.20
715171H051000	Family	219.52	398.68	577.86	757.02	936.20	1,115.36	1,294.52	1791.68	2,011.20
	KAISER									
234480-0093ABN	Single	90.73	154.98	219.22	283.48	347.72	411.96	476.22	642.47	733.20
234480-0093ABN	Two-Party	214.32	346.72	479.14	611.54	743.96	876.36	1,008.76	1324.08	1,538.40
234480-0093ABN	Family	340.72	519.88	699.06	878.22	1,057.40	1,236.56	1,415.72	1791.68	2,132.40
	KAISER - Deductible Plan									
234480-0094ABN	Single	40.80	103.44	166.08	228.72	291.36	354.00	416.64	626.40	667.20
234480-0094ABN	Two-Party	86.40	218.04	349.68	481.32	612.96	744.60	876.24	1316.40	1,402.80
234480-0094ABN	Family	151.12	330.28	509.46	688.62	867.80	1,046.96	1,226.12	1791.68	1,942.80
	Delta Dental - PPO Plan (w/Adult & Child Orthodontia @ \$2,000 Lifetime Max)									
7079 5000	Single	1.92	8.52	15.12	21.72	28.32	34.92	41.52	66.00	67.92
7079 5000	Two-Party	9.72	22.78	35.86	48.92	62.00	75.06	88.12	130.68	140.40
7079 5000	Family	30.96	48.88	66.82	84.74	102.68	120.60	138.52	179.28	210.24
	Delta Dental- HMO Plan									
71691 00088	Single	3.04	6.86	10.68	14.50	18.32	22.14	25.94	38.18	41.22
71691 00088	Two-Party	3.04	6.86	10.68	14.50	18.32	22.14	25.94	38.18	41.22
71691 00088	Family	3.04	6.86	10.68	14.50	18.32	22.14	25.94	38.18	41.22
	VISION SERVICE PLAN									
3032972A	Single	0.00	0.92	1.84	2.78	3.70	4.62	5.54	9.24	9.24
3032972A	Two-Party	0.00	1.84	3.70	5.54	7.40	9.24	11.08	18.48	18.48
3032972A	Family	0.00	2.78	5.54	8.32	11.08	13.86	16.64	27.72	27.72
	LIFE INSURANCE									
	Employee (50K) <small>Mgmt & Co</small>	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	6.48	6.48
	Employee (25K) <small>Certificated</small>	0.00	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	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	9.95