

CERTIFICATED

ACTIVE "CERTIFICATED" EMPLOYEE HEALTH AND WELFARE BENEFIT PAYROLL DEDUCTION

COVERAGE EFFECTIVE: OCTOBER 1, 2021 - SEPTEMBER 30, 2022

BOARD APPROVED										
	BENEFIT PLANS	EMPLOYEE DEDUCTIONS							DISTRICT CONTRIBUTION FOR FULL TIME EMPLOYEES	Monthly Premium Per Member Paid to Insurance Company
		Rates shown are tenths payroll deduction amounts taken from October through July paychecks								
		Employment Percentage	100%	90%	80%	70%	60%	50%		
		Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost		10thly rate
Plan Group #:	Blue Shield - PPO									
715170P011000	Single	258.73	322.98	387.22	451.48	515.72	579.96	644.22	642.47	901.20
715170P011000	Two-Party	563.52	695.92	828.34	960.74	1,093.16	1,225.56	1,357.96	1324.08	1,887.60
715170P011000	Family	824.32	1,003.48	1,182.66	1,361.82	1,541.00	1,720.16	1,899.32	1791.68	2,616.00
Plan Group #:	Blue Shield- HMO									
715171H011000	Single	198.73	262.98	327.22	391.48	455.72	519.96	584.22	642.47	841.20
715171H011000	Two-Party	459.12	591.52	723.94	856.34	988.76	1,121.16	1,253.56	1324.08	1,783.20
715171H011000	Family	670.72	849.88	1,029.06	1,208.22	1,387.40	1,566.56	1,745.72	1791.68	2,462.40
Plan Group #:	Blue Shield - SaveNet									
715171H031000	Single	41.53	105.78	170.02	234.28	298.52	362.76	427.02	642.47	684.00
715171H031000	Two-Party	109.92	242.32	374.74	507.14	639.56	771.96	904.36	1324.08	1,434.00
715171H031000	Family	181.12	360.28	539.46	718.62	897.80	1,076.96	1,256.12	1791.68	1,972.80
Plan Group #:	Blue Shield - Trio									
715171H051000	Single	23.53	87.78	152.02	216.28	280.52	344.76	409.02	642.47	666.00
715171H051000	Two-Party	69.12	201.52	333.94	466.34	598.76	731.16	863.56	1324.08	1,393.20
715171H051000	Family	125.92	305.08	484.26	663.42	842.60	1,021.76	1,200.92	1791.68	1,917.60
Plan Group #:	KAISER									
234480-0093ABN	Single	46.33	110.58	174.82	239.08	303.32	367.56	431.82	642.47	688.80
234480-0093ABN	Two-Party	121.92	254.32	386.74	519.14	651.56	783.96	916.36	1324.08	1,446.00
234480-0093ABN	Family	211.12	390.28	569.46	748.62	927.80	1,106.96	1,286.12	1791.68	2,002.80
Plan Group #:	KAISER - Deductible Plan									
234480-0094ABN	Single	0.00	62.64	125.28	187.92	250.56	313.20	375.84	626.40	626.40
234480-0094ABN	Two-Party	0.00	131.64	263.28	394.92	526.56	658.20	789.84	1316.40	1,316.40
234480-0094ABN	Family	32.32	211.48	390.66	569.82	749.00	928.16	1,107.32	1791.68	1,824.00
Plan Group #:	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	27.72	45.64	63.58	81.50	99.44	117.36	135.28	179.28	207.00
Plan Group #:	Delta Dental- HMO Plan									
71691 00088	Single	2.92	6.74	10.56	14.38	18.20	22.02	25.82	38.18	41.10
71691 00088	Two-Party	2.92	6.74	10.56	14.38	18.20	22.02	25.82	38.18	41.10
71691 00088	Family	2.92	6.74	10.56	14.38	18.20	22.02	25.82	38.18	41.10
Plan Group #:	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 & Confidential</small>	0.00	0.00	0.00	0.00	0.00	0.00	not eligible	6.48	6.48
	Employee (25K) <small>Certificated & Classified</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