

**Monthly Health Benefit Rates for Certificated Employees  
January 1, 2019 - December 31, 2019**

	Single CAP 938.42	Two Party 1,348.33	Family 1,700.00
<b><u>PERS Choice/Anthem Blue Cross (PPO)</u></b>	\$866.27	\$1,732.54	\$2,252.30
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	28.33	28.33	28.33
Total Benefit Cost per Month for 12 Months	\$966.82	\$1,900.08	\$2,515.80
District Contribution per Month	938.42	1,348.33	1,700.00
Full Time Employee's Contribution per Month	28.40	551.75	815.80
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>28.40</b>	<b>551.75</b>	<b>815.80</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>34.08</b>	<b>662.10</b>	<b>978.96</b>
<b><u>PERS Select/Anthem Blue Cross (PPO)</u></b>	\$543.19	\$1,086.38	\$1,412.29
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	28.33	28.33	28.33
Total Benefit Cost per Month for 12 Months	\$643.74	\$1,253.92	\$1,675.79
District Contribution per Month	643.74	1,253.92	1,675.79
Full Time Employee's Contribution per Month	0.00	0.00	0.00
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b><u>PERSCare/Anthem Blue Cross (PPO)</u></b>	\$1,131.68	\$2,263.36	\$2,942.37
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	28.33	28.33	28.33
Total Benefit Cost per Month for 12 Months	\$1,232.23	\$2,430.90	\$3,205.87
District Contribution per Month	938.42	1,348.33	1,700.00
Full Time Employee's Contribution per Month	293.81	1,082.57	1,505.87
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>293.81</b>	<b>1,082.57</b>	<b>1,505.87</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>352.57</b>	<b>1,299.08</b>	<b>1,807.04</b>
<b><u>Anthem HMO Select (HMO)</u></b>	\$831.44	\$1,662.88	\$2,161.74
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	28.33	28.33	28.33
Total Benefit Cost per Month for 12 Months	\$931.99	\$1,830.42	\$2,425.24
District Contribution per Month	931.99	1,348.33	1,700.00
Full Time Employee's Contribution per Month	0.00	482.09	725.24
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>0.00</b>	<b>482.09</b>	<b>725.24</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>0.00</b>	<b>578.51</b>	<b>870.29</b>

**Monthly Health Benefit Rates for Certificated Employees  
January 1, 2019 - December 31, 2019**

	Single CAP 938.42	Two Party 1,348.33	Family 1,700.00
<b><u>Anthem HMO Traditional (HMO)</u></b>	\$1,111.13	\$2,222.26	\$2,888.94
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	<u>28.33</u>	<u>28.33</u>	<u>28.33</u>
Total Benefit Cost per Month for 12 Months	\$1,211.68	\$2,389.80	\$3,152.44
District Contribution per Month	938.42	1,348.33	1,700.00
Full Time Employee's Contribution per Month	273.26	1,041.47	1,452.44
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>273.26</b>	<b>1,041.47</b>	<b>1,452.44</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>327.91</b>	<b>1,249.76</b>	<b>1,742.93</b>
<b><u>Blue Shield Access+ (HMO)</u></b>	\$970.90	\$1,941.80	\$2,524.34
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	<u>28.33</u>	<u>28.33</u>	<u>28.33</u>
Total Benefit Cost per Month for 12 Months	\$1,071.45	\$2,109.34	\$2,787.84
District Contribution per Month	938.42	1,348.33	1,700.00
Full Time Employee's Contribution per Month	133.03	761.01	1,087.84
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>133.03</b>	<b>761.01</b>	<b>1,087.84</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>159.64</b>	<b>913.21</b>	<b>1,305.41</b>
<b><u>HealthNet SmartCare (HMO)</u></b>	\$901.55	\$1,803.10	\$2,344.03
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	<u>28.33</u>	<u>28.33</u>	<u>28.33</u>
Total Benefit Cost per Month for 12 Months	\$1,002.10	\$1,970.64	\$2,607.53
District Contribution per Month	938.42	1,348.33	1,700.00
Full Time Employee's Contribution per Month	63.68	622.31	907.53
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>63.68</b>	<b>622.31</b>	<b>907.53</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>76.42</b>	<b>746.77</b>	<b>1,089.04</b>
<b><u>Kaiser Plan CA (HMO)</u></b>	\$768.25	\$1,536.50	\$1,997.45
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	<u>28.33</u>	<u>28.33</u>	<u>28.33</u>
Total Benefit Cost per Month for 12 Months	\$868.80	\$1,704.04	\$2,260.95
District Contribution per Month	868.80	1,348.33	1,700.00
Full Time Employee's Contribution per Month	0.00	355.71	560.95
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>0.00</b>	<b>355.71</b>	<b>560.95</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>0.00</b>	<b>426.85</b>	<b>673.14</b>
<b><u>Western Health Advantage (HMO)</u></b>	\$767.01	\$1,534.02	\$1,994.23
Dental "High" Plan (default)	58.49	116.96	197.76
Vision "High Plan" (default)	8.53	17.05	32.21
Life	5.20	5.20	5.20
Income Protection	<u>28.33</u>	<u>28.33</u>	<u>28.33</u>
Total Benefit Cost per Month for 12 Months	\$867.56	\$1,701.56	\$2,257.73
District Contribution per Month	867.56	1,348.33	1,700.00
Full Time Employee's Contribution per Month	0.00	353.23	557.73
<b>Monthly payroll deduction for Jan-June (six checks)</b>	<b>0.00</b>	<b>353.23</b>	<b>557.73</b>
<b>Monthly payroll deduction for July</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Monthly payroll deduction for Aug-Dec (five checks)</b>	<b>0.00</b>	<b>423.88</b>	<b>669.28</b>