

2017/2018 MEDICAL BENEFITS COST BREAKDOWN

Cost for coverage is calculated by hours worked for classified employees
 Cost for certificated employees working less than 100% is prorated based on
 percentage of assignment

Medical coverage is provided for employees working 20.0-hours weekly or more
 ****RATES EFFECTIVE as of 07/1/2018

Employee pays based on hours worked

%	CODES	HOURS WORKED	BLUE SHIELD			KAISER	DELTA DENTAL	VISION SERVICE	MANAGED HEALTH	UNUM GRP LIFE
			PPO	HMO	HMO TRIO					
	2	3.00	800.00	550.00	500.00	550.00	71.88	14.38	16.61	2.13
	3	3.25	800.00	550.00	500.00	550.00	68.28	13.66	15.78	2.02
	4	3.50	725.00	500.00	450.00	500.00	64.68	12.94	14.95	1.92
50%	5	4.00	650.00	450.00	400.00	450.00	57.50	11.50	13.29	1.71
	6	4.25	650.00	450.00	400.00	450.00	53.91	10.78	12.45	1.60
55%	7	4.50	575.00	400.00	350.00	400.00	50.31	10.06	11.62	1.49
	8	4.75	575.00	400.00	350.00	400.00	46.72	9.34	10.79	1.39
60%	9	5.00	500.00	350.00	300.00	350.00	43.13	8.63	9.96	1.28
65%	10	5.25	500.00	350.00	300.00	350.00	39.53	7.91	9.13	1.17
	11	5.50	425.00	300.00	250.00	300.00	35.94	7.19	8.30	1.07
70%	12	5.75	425.00	300.00	250.00	300.00	32.34	6.47	7.47	0.96
75%	13	6.00	350.00	250.00	200.00	250.00	28.75	5.75	6.64	0.85
	14	6.25	350.00	250.00	200.00	250.00	25.16	5.03	5.81	0.75
80%	15	6.50	275.00	200.00	150.00	200.00	21.56	4.31	4.98	0.64
	16	6.75	275.00	200.00	150.00	200.00	17.97	3.59	4.15	0.53
87.5%	17	7.00	200.00	150.00	100.00	150.00	14.38	2.88	3.32	0.43
		FULL TIME RATES								
	1	7.5-8.0	100.00	50.00	0.00	50.00	0.00	0.00	0.00	0.00

TOTAL COST PER PLAN	BLUE SHIELD			KAISER	DELTA DENTAL	VISION SERVICE	MANAGED HEALTH	UNUM LIFE
	PPO	HMO	HMO TRIO					
	1670.00	1280.00	1280.00	1471.76	115.00	23.00	32.84	3.41

District pays balance of Total Cost minus employees cost