

Active Employees District Cap - 65% - 35% Dependent Coverage

	UnitedHealthCare Package A Network 1			UnitedHealthCare Package A Network 2			Signature Value Alliance HRA \$1,200			Kaiser Permanente		
Coverage	2019 Rate	Dist.Pay	Employ Pay	2019 Rate	Dist.Pay	Employ Pay	2019 Rate	Dist.Pay	Employ Pay	2019 Rate	Dist.Pay	Employ Pay
Employee Only	\$873.00	\$726.68	\$146.32	\$1,177.00	\$726.68	\$450.32	1,106.00	\$726.68	379.32	\$729.00	\$726.68	\$2.32
Employee + One	\$1,710.00	\$1,111.50	\$598.50	\$2,313.00	\$1,503.45	\$809.55	2,046.00	1,329.90	716.10	\$1,440.00	\$936.00	\$504.00
Family	\$2,400.00	\$1,560.00	\$840.00	\$3,249.00	\$2,111.85	\$1,137.15	2,815.00	1,829.75	985.25	\$2,030.00	\$1,319.50	\$710.50

	PLAN DESIGN			PLAN DESIGN			PLAN DESIGN			PLAN DESIGN		
Deductible	None			None			\$2,000			None		
Primary Care Office Visit	\$10 copay			\$20 copay			\$35 copay			\$10 copay		
Specialist Office Visit	\$10 copay			\$20 copay			\$50 copay			\$10 copay		
Urgent Care Copay	\$10 copay/\$50 copay other medical grp			\$20 copay/\$50 copay other medical grp			\$35 copay/ 20% coinsurance after ded			\$10 copay		
Emergency Room	\$100 copay (waived if admitted)			\$100 copay (waived if admitted)			\$300 copay (waived if admitted)			\$50 copay (waived if admitted)		
Complex Radiology	\$0			\$0			20% coinsurance after deductible			\$0		
Inpatient Hospital Care	\$0			\$0			20% coinsurance after deductible			\$0		
Out-of-Pocket Max	\$3000 (single) \$6000 (family)			\$3000 (single) \$6000 (family)			\$3000 (single) \$6000 (family)			\$1500 (single) \$3000 (family)		
Chiropractor (Optum Health)	\$10 copay			\$20 copay			\$30 copay			\$10 copay		
Accupuncture (Optum Health)	\$10 copay			\$20 copay			\$30 copay			\$10 copay		
Outpatient Surgery	\$0			\$0			20% coinsurance after deductible			\$10 copay		

RETAIL Prescription Drugs	Retail (30 day supply) \$5/\$25/50%	Retail (30 day supply) \$10/\$30/50%	Retail (30 day supply) \$10/\$30/50%	\$10 for up to a 100 day supply
MAIL ORDER Prescription	Mail Order (90 day sup) \$10/\$50/50% (Generic/Preferred/Non-Preferred)	Mail Order (90 day sup) \$20/\$60/50% (Generic/Preferred/Non-Preferred)	Mail Order (90 day sup) \$20/\$60/50% (Generic/Preferred/Non-Preferred)	

	Network Providers	Network Providers	Network Providers	Network Providers
	Sharp Rees-Stealy MG Sharp Community MG Primary Care Associated MG Arch Health Partners Children's Physician MG	Mercy Physicians Scripps Physicians Medical Greater Tri-Cities IPA Mid-County Physicians Children's Physician MG	Mercy Physicians Primary Care Associates Rady Childrens Health Network Scripps Clinic/Coastal Med Center Scripps Physicians Medical UCSD Medical	Kaiser Permanente

	Delta Dental PPO			DeltaCare Dental HMO			VSP Vision			SIMNSA MEDICAL (MEXICO)		
Coverage	2019 Rate	Dist.Pay	Employ Pay	2019 Rate	Dist.Pay	Employ Pay	2019 Rate	Dist.Pay	Employ Pay	2019 Rate	Dist.Pay	Employ Pay
Employee Only	\$52.52	\$52.52	\$0.00	\$24.42	\$24.42	\$0.00	\$10.81	\$10.81	\$0.00	\$277.00	\$277.00	\$0.00
Employee + One	\$101.43	\$59.57	\$41.86	\$40.26	\$40.26	\$0.00	\$22.11	\$10.81	\$11.30	\$486.00	\$315.90	\$170.10
Family	\$150.33	\$59.57	\$90.76	\$54.57	\$54.57	\$0.00	\$31.71	\$10.81	\$20.90	\$716.00	\$465.40	\$250.60

HARTFORD Life Insurance

	2019 Rate	Dist.Pay	Employ Pay
Classified 25,000	\$2.85	\$2.85	\$0.00
Certificated 25,000	\$2.85	\$2.85	\$0.00
Confidential 40,000	\$4.56	\$4.56	\$0.00
Management 50,000	\$5.70	\$5.70	\$0.00

Life Insurance: To add dependents: (\$1500 per dependent)

Dependents	Employ pay
\$0.78	\$0.78
\$0.78	\$0.78
\$0.78	\$0.78
\$0.78	\$0.78

Network Providers
SIMNSA