

**Monthly Health Benefit Rates for 11-Month Classified Employees
January 1, 2019 - December 31, 2019**

	Single CAP 938.42	Two Party 1,348.33	Family 1,700.00
<u>PERS Choice/Anthem Blue Cross (PPO)</u>	\$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	8.60	8.60	8.60
Income Protection	<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months	\$984.40	\$1,917.66	\$2,533.38
District Contribution per Month	938.42	1,348.33	1,700.00
Full time Employee's Contribution per Month	45.98	569.33	833.38
Monthly payroll deduction Jan-June (six checks)	45.98	569.33	833.38
Monthly payroll deduction July	0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)	55.18	683.20	1,000.06
<u>PERS Select/Anthem Blue Cross (PPO)</u>	\$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	8.60	8.60	8.60
Income Protection	<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months	\$661.32	\$1,271.50	\$1,693.37
District Contribution per Month	661.32	1,271.50	1,693.37
Full time Employee's Contribution per Month	0.00	0.00	0.00
Monthly payroll deduction Jan-June (six checks)	0.00	0.00	0.00
Monthly payroll deduction July	0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)	0.00	0.00	0.00
<u>PERSCare/Anthem Blue Cross (PPO)</u>	\$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	8.60	8.60	8.60
Income Protection	<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months	\$1,249.81	\$2,448.48	\$3,223.45
District Contribution per Month	938.42	1,348.33	1,700.00
Full time Employee's Contribution per Month	311.39	1,100.15	1,523.45
Monthly payroll deduction Jan-June (six checks)	311.39	1,100.15	1,523.45
Monthly payroll deduction July	0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)	373.67	1,320.18	1,828.14
<u>Anthem HMO Select (HMO)</u>	\$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	8.60	8.60	8.60
Income Protection	<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months	\$949.57	\$1,848.00	\$2,442.82
District Contribution per Month	938.42	1,348.33	1,700.00
Full time Employee's Contribution per Month	11.15	499.67	742.82
Monthly payroll deduction Jan-June (six checks)	11.15	499.67	742.82
Monthly payroll deduction July	0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)	13.38	599.60	891.38

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	CAP	Single 938.42	Two Party 1,348.33	Family 1,700.00
<u>Anthem HMO Traditional (HMO)</u>		\$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		8.60	8.60	8.60
Income Protection		<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months		\$1,229.26	\$2,407.38	\$3,170.02
District Contribution per Month		938.42	1,348.33	1,700.00
Full time Employee's Contribution per Month		290.84	1,059.05	1,470.02
Monthly payroll deduction Jan-June (six checks)		290.84	1,059.05	1,470.02
Monthly payroll deduction July		0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)		349.01	1,270.86	1,764.02
<u>Blue Shield Access+ (HMO)</u>		\$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		8.60	8.60	8.60
Income Protection		<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months		\$1,089.03	\$2,126.92	\$2,805.42
District Contribution per Month		938.42	1,348.33	1,700.00
Full time Employee's Contribution per Month		150.61	778.59	1,105.42
Monthly payroll deduction Jan-June (six checks)		150.61	778.59	1,105.42
Monthly payroll deduction July		0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)		180.73	934.31	1,326.50
<u>HealthNet SmartCare (HMO)</u>		\$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		8.60	8.60	8.60
Income Protection		<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months		\$1,019.68	\$1,988.22	\$2,625.11
District Contribution per Month		938.42	1,348.33	1,700.00
Full time Employee's Contribution per Month		81.26	639.89	925.11
Monthly payroll deduction Jan-June (six checks)		81.26	639.89	925.11
Monthly payroll deduction July		0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)		97.51	767.87	1,110.13
<u>Kaiser Plan CA (HMO)</u>		\$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		8.60	8.60	8.60
Income Protection		<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months		\$886.38	\$1,721.62	\$2,278.53
District Contribution per Month		886.38	1,348.33	1,700.00
Full time Employee's Contribution per Month		0.00	373.29	578.53
Monthly payroll deduction Jan-June (six checks)		0.00	373.29	578.53
Monthly payroll deduction July		0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)		0.00	447.95	694.24
<u>Western Health Advantage (HMO)</u>		\$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		8.60	8.60	8.60
Income Protection		<u>42.51</u>	<u>42.51</u>	<u>42.51</u>
Total Benefit Cost per Month for 12 Months		\$885.14	\$1,719.14	\$2,275.31
District Contribution per Month		885.14	1,348.33	1,700.00
Full time Employee's Contribution per Month		0.00	370.81	575.31
Monthly payroll deduction Jan-June (six checks)		0.00	370.81	575.31
Monthly payroll deduction July		0.00	0.00	0.00
Monthly payroll deduction Aug-Dec (five checks)		0.00	444.97	690.37