

Contributions

This chart compares the contributions for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose.

Medical	Total Monthly Premium (12thly)	Total Premium Paid Monthly for 10 Months*	District Monthly Contribution for 10 Months*	Employee Monthly Contribution for 10 Months*
Kaiser Permanente	HMO	HMO	HMO	HMO
Single	\$505.00	\$606.00	\$458.00	\$148.00
Two Party	\$1,060.00	\$1,272.00	\$958.00	\$314.00
Family	\$1,469.00	\$1,762.00	\$1,359.00	\$403.00
Blue Shield Access+	HMO	HMO	HMO	HMO
Single	\$559.43	\$671.32	\$496.32	\$175.00
Two Party	\$1,175.00	\$1,410.00	\$1,044.00	\$366.00
Family	\$1,628.28	\$1,953.94	\$1,443.94	\$510.00
Blue Shield TRIO	HMO	HMO	HMO	HMO
Single	\$489.09	\$586.91	\$453.91	\$133.00
Two Party	\$1,025.38	\$1,230.46	\$954.46	\$276.00
Family	\$1,420.16	\$1,704.19	\$1,319.19	\$385.00
Blue Shield PPO 5	PPO	PPO	PPO	PPO
Single	\$789.73	\$947.68	\$675.68	\$272.00
Two Party	\$1,658.43	\$1,990.12	\$1,415.12	\$575.00
Family	\$2,298.11	\$2,757.73	\$1,965.73	\$792.00
Blue Shield PPO 3A	PPO	PPO	PPO	PPO
Single	\$840.93	\$1,009.12	\$706.12	\$303.00
Two Party	\$1,765.22	\$2,118.26	\$1,479.26	\$639.00
Family	\$2,445.80	\$2,934.96	\$2,053.96	\$881.00
Dental	Total Monthly Premium (12thly)	Total Premium Paid Monthly for 10 Months*	District Monthly Contribution for 10 Months*	Employee Monthly Contribution for 10 Months*
Delta Dental	PPO	PPO	PPO	PPO
Single	\$62.14	\$74.57	\$64.57	\$10.00
Two Party	\$111.81	\$134.17	\$117.17	\$17.00
Family	\$155.36	\$186.43	\$161.43	\$25.00
Vision (Non-Mgmt, District pays 100% single)	Total Monthly Premium (12thly)	Total Premium Paid Monthly for 10 Months*	District Monthly Contribution for 10 Months*	Employee Monthly Contribution for 10 Months*
VSP	PPO	PPO	PPO	PPO
Single	\$8.92	\$10.70	\$10.70	\$0.00
Two Party	\$17.84	\$21.41	\$10.70	\$10.71
Family	\$ 26.76	\$ 32.11	\$ 10.70	\$ 21.41
Vision (Mgmt, District pays 100%)	Total Monthly Premium (12thly)	Total Premium Paid Monthly for 10 Months*	District Monthly Contribution for 10 Months*	Employee Monthly Contribution for 10 Months*
VSP	PPO	PPO	PPO	PPO
Single	\$12.71	\$15.25	\$15.25	\$0.00
Two Party	\$25.41	\$30.49	\$30.49	\$0.00
Family	\$ 38.12	\$45.74	\$45.74	\$ 0.00
Basic Life & AD&D (District pays 100%)	Total Monthly Premium (12thly)	Total Premium Paid Monthly for 10 Months*	District Monthly Contribution for 10 Months*	Employee Monthly Contribution for 10 Months*
Hartford				
Age 69 & Under	\$1.80	\$1.92	\$1.92	\$0.00
Age 70—74	\$1.28	\$1.25	\$1.25	\$0.00
Age 75+	\$ 1.05	\$0.96	\$0.96	\$0.00