



2019 HEALTH INSURANCE RATES BENEFIT ELIGIBLE EMPLOYEES & EARLY RETIREES

HEALTH INSURANCE PACKAGES - Full-time Employees						
Employee-only packages include medical/dental/vision for employee <i>+1 and family packages include medical/dental for dependents, but not vision</i>		Total Monthly Premium	% Paid by District	12thly Cost to District	*12thly Cost to Employee/Retiree	10thly Payroll Deduction
Kaiser	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$606.00	100%	\$606.00	\$0.00	\$0.00
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$1,197.00	88%	\$1,053.36	\$143.64	\$172.37
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$1,688.00	88%	\$1,485.44	\$202.56	\$243.07
United HealthCare HMO	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$758.00	100%	\$758.00	\$0.00	\$0.00
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$1,499.00	58%	\$869.42	\$629.58	\$755.50
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$2,107.00	58%	\$1,222.06	\$884.94	\$1,061.93
United HealthCare PPO	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$1,476.00	85%	\$1,254.60	\$221.40	\$265.68
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$3,044.00	50%	\$1,522.00	\$1,522.00	\$1,826.40
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$4,288.00	40%	\$1,715.20	\$2,572.80	\$3,087.36
United HealthCare PPO Out-of-State (Retirees)	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$1,481.00	85%	\$1,258.85	\$222.15	
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$3,130.00	50%	\$1,565.00	\$1,565.00	
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$4,233.00	40%	\$1,693.20	\$2,539.80	

*Retiree payments made on a 12thly basis--Employee payroll deductions made on a 10thly basis

HEALTH INSURANCE PACKAGES - Part-time Employees						
Employee-only packages include medical/dental/vision for employee <i>+1 and family packages include medical/dental for dependents, but not vision</i>		Total Monthly Premium	% Paid by District	12thly Cost to District	*12thly Cost to Employee/Retiree	10thly Payroll Deduction
Kaiser	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$606.00	50%	\$303.00	\$303.00	\$363.60
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$1,197.00	44%	\$526.68	\$670.32	\$804.38
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$1,688.00	44%	\$742.72	\$945.28	\$1,134.34
United HealthCare HMO	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$758.00	50%	\$379.00	\$379.00	\$454.80
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$1,499.00	29%	\$434.71	\$1,064.29	\$1,277.15
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$2,107.00	29%	\$611.03	\$1,495.97	\$1,795.16
United HealthCare PPO	Employee Only <i>May add dependent dental and/or vision at additional cost (see below)</i>	\$1,476.00	42.5%	\$627.30	\$848.70	\$1,018.44
	Employee +1 Dependent <i>May add dependent vision at additional cost (see below)</i>	\$3,044.00	25%	\$761.00	\$2,283.00	\$2,739.60
	Employee + Family <i>May add dependent vision at additional cost (see below)</i>	\$4,288.00	20%	\$857.60	\$3,430.40	\$4,116.48

*Retiree payments made on a 12thly basis--Employee payroll deductions made on a 10thly basis

ADD-ON DEPENDENT COVERAGE				
DEPENDENT DENTAL COVERAGE <i>Cost to add dependent dental to employee-only health insurance package</i>			*12thly Cost to Employee/Retiree	10thly Payroll Deduction
Delta PPO	+1 Dependent		\$39.98	\$47.98
	+ Family		\$91.38	\$109.66
Delta HMO	+1 Dependent		\$15.99	\$19.19
	+ Family		\$32.67	\$39.20
DEPENDENT VISION COVERAGE <i>Cost to add dependent vision to any health insurance package</i>			*12thly Cost to Employee/Retiree	10thly Payroll Deduction
VSP	+1 Dependent		\$9.30	\$11.16
	+ Family		\$19.01	\$22.81

*Retiree payments made on a 12thly basis--Employee payroll deductions made on a 10thly basis