

CLAYTON VALLEY CHARTER HIGH SCHOOL							
		Monthly Cost	Annual Cost	CVCHS Subsidy	Annual Cost To Employee	12-Month Deduct.	10-Month Deduct.
<b>Anthem Blue Cross-HMO 7/1/2019 - 12/31/2019</b>							
Base	Single	694.67	8,336.04	7,692.12	643.92	53.66	64.39
	2-Party	1,542.92	18,515.04	16,153.44	2,361.60	196.80	236.16
	EE+CH	1,262.39	15,148.68	16,153.44	-	-	-
	Family	2174.1	26,089.20	23,076.24	3,012.96	251.08	301.30
Low	Single	748.47	8,981.64	7,692.12	1,289.52	107.46	128.95
	2-Party	1,646.66	19,759.92	16,153.44	3,606.48	300.54	360.65
	EE+CH	1,347.27	16,167.24	16,153.44	13.80	1.15	1.38
	Family	2,337.80	28,053.60	23,076.24	4,977.36	414.78	497.74
High	Single	796.36	9,556.32	7,692.12	1,864.20	155.35	186.42
	2-Party	1751.97	21,023.64	16,153.44	4,870.20	405.85	487.02
	EE+CH	1433.44	17,201.28	16,153.44	1,047.84	87.32	104.78
	Family	2,468.70	29,624.40	23,076.24	6,548.16	545.68	654.82
<b>Anthem Blue Cross -- PPO 7/1/2019 - 12/31/2019</b>							
Base	Single	717.31	8,607.72	7,692.12	915.60	76.30	91.56
	2-Party	1,562.84	18,754.08	16,153.44	2,600.64	216.72	260.06
	ee+CH	1,278.69	15,344.28	16,153.44	(809.16)	-	-
	Family	2,223.69	26,684.28	23,076.24	3,608.04	300.67	360.80
Low	Single	932.69	11,192.28	7,692.12	3,500.16	291.68	350.02
	2-Party	2,051.95	24,623.40	16,153.44	8,469.96	705.83	847.00
	EE+CH	1,678.86	20,146.32	16,153.44	3,992.88	332.74	399.29
	Family	2,891.38	34,696.56	23,076.24	11,620.32	968.36	1,162.03
High	Single	1016.54	12,198.48	7,692.12	4,506.36	375.53	450.64
	2-Party	2,236.35	26,836.20	16,153.44	10,682.76	890.23	1,068.28
	ee+CH	1,829.75	21,957.00	16,153.44	5,803.56	483.63	580.36
	Family	3,151.24	37,814.88	23,076.24	14,738.64	1,228.22	1,473.86
<b>Kaiser 7/1/2019 - 12/31/2019</b>							
Low	Single	641.01	7,692.12	7,692.12	-	-	-
	2-Party	1,346.12	16,153.44	16,153.44	(0.00)	(0.00)	(0.00)
	Family	1,923.02	23,076.24	23,076.24	(0.00)	(0.00)	(0.00)
High	Single	757.78	9,093.36	7,692.12	1,401.24	116.77	140.12
	2-Party	1,591.34	19,096.08	16,153.44	2,942.64	245.22	294.26
	Family	2,273.33	27,279.96	23,076.24	4,203.72	350.31	420.37
Vision	CVCHS Subsidy	Cost To Employee			Delta Dental	CVCHS Subsidy	Cost To Employee
Single	9.38	-			Single	64.62	-
2-Party	18.54	-			2-Party	117.36	-
Family	30.36	-			Family	179.55	-