

**Monthly Health Benefit Rates for 12-Month Classified Employees
January 1, 2019 - December 31, 2019**

| | CAP | Single | Two Party | Family |
|--|-----|---------------|-----------------|-----------------|
| | | 938.42 | 1,348.33 | 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 |
| Employee's Contribution per Month for 12 Months | | 45.98 | 569.33 | 833.38 |
| <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 |
| Employee's Contribution per Month for 12 Months | | 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 |
| Employee's Contribution per Month for 12 Months | | 311.39 | 1,100.15 | 1,523.45 |
| <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 |
| Employee's Contribution per Month for 12 Months | | 11.15 | 499.67 | 742.82 |

**Monthly Health Benefit Rates for 12-Month Classified Employees
January 1, 2019 - December 31, 2019**

| | 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 |
| Employee's Contribution per Month for 12 Months | | 290.84 | 1,059.05 | 1,470.02 |
| <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 |
| Employee's Contribution per Month for 12 Months | | 150.61 | 778.59 | 1,105.42 |
| <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 |
| Employee's Contribution per Month for 12 Months | | 81.26 | 639.89 | 925.11 |
| <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 |
| Employee's Contribution per Month for 12 Months | | 0.00 | 373.29 | 578.53 |
| <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 |
| Employee's Contribution per Month for 12 Months | | 0.00 | 370.81 | 575.31 |