

Active Employees Benefit Summary

EMPLOYER CONTRIBUTIONS 2019-2020 (Effective 1/1/20)

	Classified Management/ Confidential	Certificated Management (Excluding Superintendents)	Certificated	CSEA	Teamsters	Part-Time Teamsters
<b>Medical</b>					Benefit eligible after 6/1/10	Hired before 6/1/10 and less than full-time
<b>Single</b>	\$629.00	\$629.00	\$806.66*	\$1075.00*	\$661.00*	\$1075.00 or prorated based on FTE
<b>2-party</b>	\$1,313.00	\$900.00	\$1,612.80	\$1,818	\$1347.00*	\$1075.00 or prorated based on FTE
<b>Family</b>	\$1,529.00	\$1,150.00	\$2024.72*	\$1,818	\$1747.00*	\$1075.00 or prorated based on FTE
<b>Dental</b>	\$58.49/\$116.96/\$197.76	\$58.49/\$116.96/\$197.76	\$58.49/\$116.96/\$197.76	\$58.49/\$116.96/\$197.76	\$58.49/\$116.96/\$197.76	\$58.49/\$116.96/\$197.76
<b>Vision</b>	\$8.53/\$17.05/\$32.21	\$8.53/\$17.05/\$32.21	\$8.53/\$17.05/\$32.21	\$8.53/\$17.05/\$32.21	\$8.53/\$17.05/\$32.21	\$8.53/\$17.05/\$32.21
<b>Life Ins.</b>	\$10.25	\$10.25	\$0.00	\$0.00	\$0.00	\$0.00
<b>ACSA</b>	\$400 per year	\$400 per year				
<b>Membership dues</b>	\$80 per year	\$80 per year				

\*Pro-rated (.5 FTE and above) for employees working less than full-time. Benefits will be calculated according to the employee's total FTE. The resulting district contribution amount will be applied to health and welfare in the following order: dental, vision and medical.

	MEDICAL PLANS	EMPLOYEE ONLY		2-PARTY		FAMILY
HMO	Anthem HMO Select	\$868.98		\$1,737.96		\$2,259.35
HMO	Anthem HMO Traditional	\$1,184.84		\$2,369.68		\$3,080.58
HMO	Blue Shield Access+ *specific zip codes	\$1,127.77		\$2,255.54		\$2,932.20
HMO	HealthNet SmartCare	\$1,000.52		\$2,001.04		\$2,601.35
HMO	Kaiser Permanente	\$768.49		\$1,536.98		\$1,998.07
	UnitedHealthcare	\$899.94		\$1,799.88		\$2,339.84
HMO	Western Health Adv	\$731.96		\$1,463.92		\$1,903.10
PPO	PERS Select (80-20) (VBID)	\$520.29		\$1,040.58		\$1,352.75
PPO	PERS Choice (80-20)	\$861.18		\$1,722.36		\$2,239.07
PPO	PERSCare (90-10)	\$1,133.14		\$2,266.28		\$2,946.16