

2018/19 Rates

Certificated--- Employee Contributions based on 2018/19 agreement

10thly Payroll Deduction Rates

Medical, Dental, and Vision Effective October 1, 2018 to September 30, 2019

Hours Per Day

50%

60%

70%

80%

90%

100%

Medical Plans

Kaiser Plan 2	\$786.08	\$652.42	\$518.75	\$385.09	\$251.42	\$117.76
Kaiser Wellness	\$699.68	\$566.02	\$432.35	\$298.69	\$165.02	\$31.36
Blue Shield HMO Plan 1	\$1,171.28	\$1,037.62	\$903.95	\$770.29	\$636.62	\$502.96
Blue Shield HMO Plan 2	\$1,089.68	\$956.02	\$822.35	\$688.69	\$555.02	\$421.36
Blue Shield HMO Plan 3	\$988.88	\$855.22	\$721.55	\$587.89	\$454.22	\$320.56
Anthem Blue Cross PPO 3B	\$1,542.08	\$1,408.42	\$1,274.75	\$1,141.09	\$1,007.42	\$873.76
Anthem Blue Cross PPO 5B	\$1,437.68	\$1,304.02	\$1,170.35	\$1,036.69	\$903.02	\$769.36
Anthem Blue Cross PPO 7B	\$1,278.08	\$1,144.42	\$1,010.75	\$877.09	\$743.42	\$609.76
Anthem Blue Cross Wellness	\$1,312.88	\$1,179.22	\$1,045.55	\$911.89	\$778.22	\$644.56
Anthem Blue Cross HDHP # 1	\$679.28	\$545.62	\$411.95	\$278.29	\$144.62	\$10.96

Dental Plans

Delta PPO	\$69.31	\$53.99	\$38.68	\$23.36	\$8.04	\$0.00
Delta PPO-Incentive	\$69.71	\$53.96	\$38.21	\$22.46	\$6.71	\$0.00

Vision Plans

VSP	\$16.24	\$13.66	\$11.08	\$8.50	\$5.92	\$3.34
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HSA Contribution	Single	Family	Distribution
	\$ 1,200.00	\$ 2,400.00	Oct, Jan, Apr & Jul