

2018-19 Tentative Rates

Classified--- Employee Contributions based on 6-26-18 Tentative Agreement

10thly Payroll Deduction Rates

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

Hours Per Day	4	4.5	5	5.5	6	6.5	7+
Medical Plans							
Kaiser Plan 2	\$583.36	\$474.37	\$365.52	\$256.68	\$147.84	\$38.85	\$0.00
Kaiser Wellness	\$496.96	\$387.97	\$279.12	\$170.28	\$61.44	\$0.00	\$0.00
Blue Shield HMO Plan 1	\$968.56	\$859.57	\$750.72	\$641.88	\$533.04	\$424.05	\$315.20
Blue Shield HMO Plan 2	\$886.96	\$777.97	\$669.12	\$560.28	\$451.44	\$342.45	\$233.60
Blue Shield HMO Plan 3	\$786.16	\$677.17	\$568.32	\$459.48	\$350.64	\$241.65	\$132.80
Blue Shield PPO Plan 3B	\$1,339.36	\$1,230.37	\$1,121.52	\$1,012.68	\$903.84	\$794.85	\$686.00
Blue Shield PPO Plan 5C	\$1,207.36	\$1,098.37	\$989.52	\$880.68	\$771.84	\$662.85	\$554.00
Blue Shield PPO Plan 7C	\$1,047.76	\$938.77	\$829.92	\$721.08	\$612.24	\$503.25	\$394.40
Blue Shield PPO Wellness	\$1,110.16	\$1,001.17	\$892.32	\$783.48	\$674.64	\$565.65	\$456.80
Dental Plans							
Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Delta PPO-Incentive	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
Vision Plans							
VSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2018-19 EE Contribution Pending Approval