

<b>2018/19 Married/Domestic Partner District Employee CVT PPO Rates</b>						
Certificated--- 2018/19 Employee Contributions based on 2018/19 agreement						
<b>10thly Payroll Deduction Rates</b>						
Effective October 1, 1 2018 to September 30, 2019						
Hours Per Day	50%	60%	70%	80%	90%	100%
<b>Medical Plans</b>						
Anthem Blue Cross PPO 3B	\$990.08	\$856.42	\$722.75	\$589.09	\$455.42	\$321.76
Anthem Blue Cross PPO 5B	\$912.08	\$778.42	\$644.75	\$511.09	\$377.42	\$243.76
Anthem Blue Cross PPO 7B	\$792.08	\$658.42	\$524.75	\$391.09	\$257.42	\$123.76
Anthem Blue Cross Wellness	\$818.48	\$684.82	\$551.15	\$417.49	\$283.82	\$150.16
HDHP # 1	\$343.28	\$209.62	\$75.95	\$0.00	\$0.00	\$0.00
		<b>HSA Contribution</b>	Single \$ 1,200.00	Family \$ 2,400.00	Distribution Oct, Jan, Apr & Jul	

<b>2018/19 Married/Domestic Partner District Employee CVT PPO Tentative Rates</b>							
Classified--- Employee Contributions based on 6-26-18 tentative agreement							
<b>10thly Payroll Deduction Rates</b>							
Effective October 1, 2017 to September 30, 2018							
Hours Per Day	4	4.5	5	5.5	6	6.5	7+
<b>Medical Plans</b>							
Blue Shield PPO Plan 3B	\$787.36	\$678.37	\$569.52	\$460.68	\$351.84	\$242.85	\$134.00
Blue Shield PPO Plan 5C	\$687.76	\$578.77	\$469.92	\$361.08	\$252.24	\$143.25	\$34.40
Blue Shield PPO Plan 7C	\$568.96	\$459.97	\$351.12	\$242.28	\$133.44	\$24.45	\$0.00
Blue Shield PPO Wellness	\$615.76	\$506.77	\$397.92	\$289.08	\$180.24	\$71.25	\$0.00
<b>2018-19 Employee Contribution Pending Approval</b>							

<b>2018/19 Married/Domestic Partner District Employee CVT PPO Rates Rates</b>				
Trustees/MGMT/Confidential--- 2018/19 Employee Contributions				
<b>10thly Payroll Deduction Rates</b>				
Effective October 1, 2017 to September 30, 2018				
Hours Per Day	50%	60%	80%	100%
<b>Medical Plans</b>				
Blue Shield PPO 3B	\$919.67	\$771.93	\$476.44	\$180.95
Blue Shield PPO 5C	\$820.07	\$672.33	\$376.84	\$81.35
Blue Shield PPO 7C	\$701.27	\$553.53	\$258.04	\$0.00
Blue Shield Wellness	\$748.07	\$600.33	\$304.84	\$9.35
HDHP # 1 -Single	\$397.87	\$250.13	\$0.00	\$0.00
HDHP # 1 -Family	\$522.87	\$375.13	\$79.64	\$0.00
		<b>HSA Contribution</b>	Single \$ 1,250.00	Family \$ 2,500.00
			Distribution Oct, Jan, Apr & Jul	