

2016 Insurance Rates and District Contributions

MEDICAL PLANS	CERTIFIED/CLASSIFIED			
	Rate	District Contribution*	Employee	COBRA Rate
KAISER DHMO 1500				
Employee Only	\$458.92	\$169.24	\$289.68	\$468.10
Employee + Spouse	\$948.09	\$254.50	\$693.59	\$967.05
Employee + Child(ren)	\$975.43	\$264.89	\$710.54	\$994.94
Family	\$1,432.60	\$383.08	\$1,049.52	\$1,461.25
KAISER DHMO 500				
Employee Only	\$529.10	\$169.24	\$359.86	\$539.68
Employee + Spouse	\$1,093.26	\$254.50	\$838.76	\$1,115.13
Employee + Child(ren)	\$1,124.90	\$264.89	\$860.01	\$1,147.40
Family	\$1,652.20	\$383.08	\$1,269.12	\$1,685.24
KAISER ADDED CHOICE				
Employee Only	\$930.94	\$169.24	\$761.70	\$949.56
Employee + Spouse	\$1,925.02	\$254.50	\$1,670.52	\$1,963.52
Employee + Child(ren)	\$1,980.77	\$264.89	\$1,715.88	\$2,020.39
Family	\$2,909.91	\$383.08	\$2,526.83	\$2,968.11
KAISER KHDP 5000				
Employee Only	\$321.84	\$169.24	\$152.60	\$328.28
Employee + Spouse	\$664.31	\$254.50	\$409.81	\$677.60
Employee + Child(ren)	\$683.44	\$264.89	\$418.55	\$697.11
Family	\$1,003.51	\$383.08	\$620.43	\$1,023.58

*There is no District Contribution for PARA educators and most ECE/ECS positions.

DISTRICT CAFETERIA CONTRIBUTIONS					
Employee Group	Benefits		Redirected to Salary		Part-time Status
	Full-time	Part-time	Full-time	Part-time	
Administrators	\$394.00	\$ -	\$ -	\$ -	n/a
Teachers Step 1-3 and 20+	\$220.00	\$110.00	\$174.00	\$174.00	50%-59% FTE
Teachers Step 4-19	\$394.00	\$284.00	\$ -	\$ -	50%-59% FTE
Mental Health Step 1-3 and 20+	\$220.00	\$110.00	\$174.00	\$174.00	50%-59% FTE
Mental Health Step 4-19	\$394.00	\$284.00	\$ -	\$ -	50%-59% FTE
Nurses Step 1-3 and 20+	\$220.00	\$110.00	\$174.00	\$174.00	50%-59% FTE
Nurses Step 4-19	\$394.00	\$284.00	\$ -	\$ -	50%-59% FTE
Bus Drivers	\$244.12	\$122.06	\$ -	\$ -	20-30 Hours/ Week
Custodial Maintenance	\$265.72	\$132.86	\$ -	\$ -	50%-74% FTE
Educational Office Professional	\$250.25	\$125.13	\$ -	\$ -	50%-59% FTE
Early Childhood Services *	\$391.06	\$210.23	\$ -	\$ -	20-34 Hours/Week
Early Childhood Education	\$ -	\$ -	\$ -	\$ -	20 Hours/ Week
Food Service Workers	\$168.60	\$122.80	\$ -	\$ -	4-6 Hours/ Week
Food Service Managers/ Drivers	\$189.00	n/a	\$ -	\$ -	n/a
Para- Educators	\$ -	\$ -	\$ -	\$ -	20 Hours/ Week
Staff Support	\$231.18	\$115.59	\$ -	\$ -	50%-59% FTE
Mechanics	\$238.12	n/a	\$ -	\$ -	n/a

*For ECS employees this dollar amount is reduced if you do not enroll in the Kaiser Permanente plan through the District to: \$210.23 (full-time) or \$105.11 (part-time).

DENTAL PLANS	CERTIFIED/CLASSIFIED	
	Rate	COBRA Rate
DELTA DENTAL PREMIER		
Employee Only	\$43.27	\$44.14
Employee + Spouse	\$79.38	\$80.97
Employee + Child(ren)	\$98.04	\$100.00
Family	\$136.10	\$138.82
DELTA DENTAL PPO		
Employee Only	\$32.02	\$32.66
Employee + Spouse	\$58.73	\$59.90
Employee + Child(ren)	\$72.55	\$74.00
Family	\$100.73	\$102.74
DELTA DENTAL EPO		
Employee Only	\$31.57	\$32.20
Employee + Spouse	\$57.91	\$59.07
Employee + Child(ren)	\$71.53	\$72.96
Family	\$99.31	\$101.30

VISION PLAN	CERTIFIED/CLASSIFIED	
	Rate	COBRA Rate
VISION SERVICE PLAN		
Employee Only	\$9.30	\$9.49
Employee + Spouse	\$15.24	\$15.54
Employee + Child(ren)	\$14.71	\$15.00
Family	\$24.25	\$24.74

OPTIONAL LIFE: EE / SPOUSE (PER \$1,000)	EE / SP	
	Tobacco User	Non Tobacco User
Under Age 20	\$0.08	\$0.05
20-24	\$0.08	\$0.05
25-29	\$0.08	\$0.05
30-34	\$0.11	\$0.07
35-39	\$0.14	\$0.09
40-44	\$0.23	\$0.13
45-49	\$0.39	\$0.20
50-54	\$0.64	\$0.33
55-59	\$0.91	\$0.50
60-64	\$1.28	\$0.77
65-69	\$1.70	\$1.13
70-74	\$2.32	\$1.54
75-79	\$3.11	\$2.17
80+	\$3.69	\$2.76
OPTIONAL LIFE: DEPENDENT CHILDREN (per \$1,000)	\$0.20	

SUPPLEMENTAL AD&D	
RATE IS PER \$1,000 OF COVERAGE	
Employee Only	\$0.020
Employee + Family	\$0.034

To determine how much Supplemental Life or Supplemental AD&D will cost you, take the amount you want to purchase, divide it by 1,000 and multiply by the amount beside your age.

For example, someone who is 47, a non-smoker, and wants to purchase \$120,000 for himself and \$70,000 for his spouse who is also a non-smoker and age 42:

Employee: $\$120,000 \div 1,000 = 120 \times 0.20 = \24.00 per month

Spouse coverage is based on the spouse's age and tobacco use, but the calculation is the same:

Spouse: $\$70,000 \div 1,000 = 70 \times 0.13 = \9.10 per month

In this example the employee would have \$33.10 taken out of his paycheck for Supplemental Life insurance.

Supplemental AD&D is calculated the same way.

$$\frac{\text{Amount of coverage}}{1,000} = \text{Rate} \times \text{Amount per month}$$