


NEW

OCTOBER 1, 2018-2019 CERTIFICATED RATES

25% PREMIUM DISCOUNT RATES

The District contributes \$14,520 towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 MONTH + DELTA INCENTIVE PPO	\$0.00	\$0.00
11 MONTH + DELTA PPO	\$0.00	\$0.00
11 MONTH + DELTACARE DHMO	\$0.00	\$0.00

MEDICAL PLAN FEATURES		
Medical Plan Features	Kaiser HMO	Blue Shield HMO 10
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Inpatient Hospitalization	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$10 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost
Chiropractic Copay/Visits per Year	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

PRESCRIPTION PLAN FEATURES		
Prescription Drugs Plan Features	Kaiser HMO	Blue Shield HMO 10
Out-of-Pocket Max - Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail Pharmacy—30 Day Supply - Generic/Brand	\$5/\$10	Network \$5/\$20 Costco \$0/\$20
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$15/\$30 61-100 Days	\$0/\$50 90 Days

	Delta Incentive PPO Dental	Delta PPO Dental	Calculate your Payroll Deduction for your Core Benefits	
Dependents	11 Mo.	11 Mo	Rate for Benefit Package	
One Dependent	\$ 83.56	\$ 75.44	Cost to add dependent to dental plan	+
Two or More	\$ 155.33	\$ 140.21	Total paycheck deduction for Core benefits	=
There is no cost to add dependents on the DeltaCare DHMO plan				

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EMPLOYEE DEDUCTIONS			
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
11 MONTH + DELTA INCENTIVE PPO	\$0.00	\$0.00	\$0.00
11 MONTH + DELTA PPO	\$0.00	\$0.00	\$0.00
11 MONTH + DELTACARE DHMO	\$0.00	\$0.00	\$0.00

MEDICAL PLAN FEATURES			
Medical Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family - Individual HSA coverage - Family HSA coverage	\$100 / \$300 n/a n/a	\$500 / \$1,000 n/a n/a	\$1,500 / \$3,000 per family \$1,500 per Individual \$2,700 per family member
Co-Insurance (After Deductible)	0%	80%	90%
Office Visit Copay Primary Physician / Specialist	\$20 copay / \$20 copay	\$30 copay / \$30 copay	Ded, 10%
Out-of-Pocket Maximum - Individual - Family	\$1,000 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%
Outpatient Diagnostic Test	Ded, 0%	Ded, 20%	Ded, 10%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%	\$100 copay / Ded, 10%
Urgent Care Copay	\$20 copay	\$30 copay	Ded, 10%
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$20 copay / Ded, 0%	\$30 copay / Ded, 20%	Ded, 10%
Chiropractic	Ded, 0% Limits apply	Ded, 20% Limits apply	Ded, 10% Limits apply

ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

Prescription Drugs Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical
Retail — 30 Days Supply Generic/Brand	Network \$7/\$25 Costco \$0/\$25	Network \$7/\$25 Costco \$0/\$25	\$9/\$35 after deductible
Mail Order—90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60	\$18-\$90 after deductible



OCTOBER 1, 2018-2019 MANAGEMENT/CONFIDENTIAL RATES 25% PREMIUM DISCOUNT RATES

The District contributes **\$14,362** towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 or 12 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 MONTH + DELTA INCENTIVE PPO	\$0.00	\$0.00
11 MONTH + DELTA PPO	\$0.00	\$0.00
11 MONTH + DELTACARE DHMO	\$0.00	\$0.00
12 MONTH + DELTA INCENTIVE PPO	\$0.00	\$0.00
12 MONTH + DELTA PPO	\$0.00	\$0.00
12 MONTH + DELTACARE DHMO	\$0.00	\$0.00

MEDICAL PLAN FEATURES		
Medical Plan Features	Kaiser HMO	Blue Shield HMO 10
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Inpatient Hospitalization	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$10 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost
Chiropractic Copay/Visits per Yr.	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

PRESCRIPTION PLAN FEATURES		
Prescription Drugs Plan Features	Kaiser HMO	Blue Shield HMO 10
Out-of-Pocket Max - Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail Pharmacy—30 Day Supply - Generic/Brand	\$5/\$10	Network \$5/\$20 Costco \$0/\$20
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$15/\$30 61-100 Days	\$0/\$50 90 Days

Dependents	Delta Incentive PPO Dental		Delta PPO Dental		Calculate your Payroll Deduction for your Core Benefits	
	11 Mo.	12 Mo	11 Mo	12 Mo		
One Dependent	\$ 83.56	\$ 76.60	\$ 75.44	\$ 69.15	Rate for Benefit Package	
Two or More	\$ 155.33	\$ 142.39	\$ 140.21	\$ 128.53	Cost to add dependent to dental plan	+
					Total paycheck deduction for Core benefits	=

There is no cost to add dependents on the DeltaCare DHMO plan

OCTOBER 1, 2018-2019 MANAGEMENT/CONFIDENTIAL RATES

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The District contributes \$14,362 towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 or 12 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS			
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
11 MONTH + DELTA INCENTIVE PPO	\$0.00	\$0.00	\$0.00
11 MONTH + DELTA PPO	\$0.00	\$0.00	\$0.00
11 MONTH + DELTACARE DHMO	\$0.00	\$0.00	\$0.00
12 MONTH + DELTA INCENTIVE PPO	\$0.00	\$0.00	\$0.00
12 MONTH + DELTA PPO	\$0.00	\$0.00	\$0.00
12 MONTH + DELTACARE DHMO	\$0.00	\$0.00	\$0.00

MEDICAL PLAN FEATURES			
Medical Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family - Individual HSA coverage - Family HSA coverage	\$100 / \$300 n/a n/a	\$500 / \$1,000 n/a n/a	\$1,500 / \$3,000 per family \$1,500 per Individual \$2,700 per family member
Co-Insurance (After Deductible)	0%	80%	90%
Office Visit Copay: Primary Physician / Specialist	\$20 copay / \$20 copay	\$30 copay / \$30 copay	Ded, 10%
Out-of-Pocket Maximum* - Individual - Family	\$1,000 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%
Outpatient Diagnostic Test	Ded, 0%	Ded, 20%	Ded, 10%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%	\$100 copay / Ded, 10%
Urgent Care Copay	\$20 copay	\$30 copay	Ded, 10%
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$20 copay / Ded, 0%	\$30 copay / Ded, 20%	Ded, 10%
Chiropractic	Ded, 0% (Limits apply) 20 Visits/Year	Ded, 20% (Limits apply) 20 Visits/Year	Ded, 10% (Limits apply) 20 Visits/Year

ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

Prescription Drugs Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical
Retail —30 Days Supply Generic/Brand	Network \$7/\$25 Costco \$0/\$25	Network \$7/\$25 Costco \$0/\$25	\$9/\$35 after deductible
Mail Order—90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60	\$18-\$90 after deductible