

Certificated Rates: 2019 – 2020

25% Premium Discount Rates

Employee Deductions		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 Month + Delta Dental PPO-Incentive	\$0.00	\$0.00
11 Month + Delta Dental PPO	\$0.00	\$0.00
11 Month + DeltaCare USA DHMO	\$0.00	\$0.00

Medical Plan Features	Kaiser Providers and Facilities	In-Network Only
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Out-of-Pocket Maximum – Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay – Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
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	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

Prescription Drugs	Kaiser Pharmacy	Navitus
Out-of-Pocket Max – Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail: 30 Day Supply – Generic/Brand	\$5/\$20	Network \$7/\$25 Costco \$0/\$25
Mail Order – Generic/Brand – Supply Limit	\$10/\$40 61 – 100 Days	\$0/\$60 90 Days

	Delta Dental Incentive PPO	Delta Dental PPO
Dependents	11 Mo.	11 Mo
One	\$ 83.56	\$ 75.44
Two or More	\$ 155.33	\$ 140.21

There is no cost to add Dependents on the DeltaCare USA DHMO plan.

Calculate your Payroll Deduction for your Core Benefits	
Rate for Benefit Package	
Cost to add Dependent to Dental Plan	+
Total Payroll Deduction for Core Benefits	=

Certificated Rates: 2019 – 2020

25% Premium Discount Rates

Employee Deductions				
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A	
11 Month + Delta Dental PPO-Incentive	\$0.00	\$0.00	\$0.00	
11 Month + Delta Dental PPO	\$0.00	\$0.00	\$0.00	
11 Month + DeltaCare USA DHMO	\$0.00	\$0.00	\$0.00	

Medical Plan Features	In-Network	In-Network	In-Network SINGLE COVERAGE	In-Network FAMILY COVERAGE
Calendar Year Maximum	Unlimited	Unlimited	Unlimited	
Deductible (Annual) – Individual / Family	\$100 / \$300	\$500 / \$1,000	SINGLE COVERAGE \$1,500	FAMILY COVERAGE \$2,700 / \$3,000
Out-of-Pocket Maximum – Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000	SINGLE COVERAGE \$3,000 / N/A	FAMILY COVERAGE \$3,000 / \$6,000
Co-Insurance (After Deductible)	0%	80%	90%	
Office Visit Copay – Primary Physician/Specialist	\$20 copay	\$30 copay	Ded, 10%	
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%	
Outpatient Diagnostic Tests	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 Copay	Ded, 0% (limits apply)	Ded, 20% (limits apply)	Ded, 10% (limits apply)	
Prescription Drugs	Navitus	Navitus	Navitus	
Out-of-Pocket Max – Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical	
Retail: 30 Day Supply – Generic/Brand	Network: \$7/\$25 Costco: \$0/\$25	Network: \$7/\$25 Costco: \$0/\$25	\$9/\$35 after Ded	
Mail Order : 90 Day Supply – Generic/Brand	\$0/\$60	\$0/\$60	\$18 – \$90 after Ded	

DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS

For the 2019-2020 Medical Benefit Year, PSUSD contributes **\$15,015** towards the cost of the benefit package based on the medical and dental plan you select. 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.

The tables above reflect rates for the Employee + Family Medical, Employee + Family Vision, and Dental for Employee Only. For each added Dependent enrolled in a PPO Dental plan, there will be an additional cost. There is no cost to add Dependents to the DeltaCARE USA DHMO plan.