

## Health, Dental and Vision Monthly Premium Rates Effective July 1, 2018

All medical, dental and/or vision premiums paid by employees will be deducted on a monthly basis.

The time frame for employees to enroll/change benefits is **no more than 30 calendar days** of an eligible event. Examples of eligible events: new hires, change in legal marital status, change in number of dependents, change in employment status, etc. You will need to provide required documentation of the eligible event if applicable. If you do not request the change within 30 calendar days, the next opportunity you will have to make changes to your benefits will be during the next open enrollment period. The open enrollment periods are in May.

The district pays a defined contribution of \$502.08 of the cost of the employee only premium for medical insurance for certificated employees and for full time (six [6] hours per day or more) classified/support employees. Medical insurance premiums for classified/support employees working fewer than six [6] hours but at least 4 will be pro-rated (see below).

**MEDICAL RATES**      **The employer contribution for ALL Kaiser Medical plans is \$502.08.**  
**The employee cost is listed in the table below.**

PLAN NAME	DHMO \$1,000	DHMO \$2,500	HDHP HSA \$1,500	HDHP HSA \$3,000	POS \$1,000
Employee Only	\$30.21	-\$19.10	\$9.47	\$-44.69	\$156.22
Employee + Spouse	\$668.96	\$560.47	\$623.32	\$504.17	\$946.17
Employee + Children	\$456.04	\$367.28	\$418.70	\$321.21	\$682.85
Employee + Family	\$988.34	\$850.26	\$930.25	\$778.60	\$1,341.15

**DENTAL RATES**      **The employer contribution for ALL Delta Dental plans is \$21.50.**  
**The employee cost is listed in the table below.**

PLAN NAME	Base	Buy-Up
Employee Only	\$7.16	\$14.79
Employee + Spouse	\$37.74	\$53.55
Employee + Children	\$52.11	\$71.72
Employee + Family	\$77.09	\$103.35

**VISION RATES**      **There is no employer contribution for the EyeMed Vision Care plan.**  
**The employee cost is listed in the table below.**

PLAN NAME	Plan Name
Employee Only	\$4.90
Employee + Spouse	\$9.29
Employee + Children	\$10.89
Employee + Family	\$15.32

Health Premium Rates Effective July 1, 2018

Classified employees contracted fewer than 6 hours will pay the following amounts for themselves and/or any dependents they elect to have covered with any Kaiser Medical insurance plan. The rates are based on the employee's contract hours.

**Kaiser DHMO \$1,000**

Hours	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
5.75	\$51.30	\$690.05	\$477.13	\$1,009.43
5.5	\$72.38	\$711.13	\$498.21	\$1,030.51
5.25	\$92.97	\$731.72	\$518.80	\$1,051.10
5	\$114.06	\$752.81	\$539.89	\$1,072.19
4.75	\$134.64	\$773.39	\$560.47	\$1,092.77
4.5	\$155.73	\$794.48	\$581.56	\$1,113.86
4.25	\$176.82	\$815.57	\$602.65	\$1,134.95
4	\$197.90	\$836.65	\$623.73	\$1,156.03

**Kaiser DHMO \$2,500**

Hours	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
5.75	\$1.99	\$581.56	\$388.37	\$871.35
5.5	\$23.07	\$602.64	\$409.45	\$892.43
5.25	\$43.66	\$623.23	\$430.04	\$913.02
5	\$64.75	\$644.32	\$451.13	\$934.11
4.75	\$85.33	\$664.90	\$471.71	\$954.69
4.5	\$106.42	\$685.99	\$492.80	\$975.78
4.25	\$127.51	\$707.08	\$513.89	\$996.87
4	\$148.59	\$728.16	\$534.97	\$1017.95

**Kaiser HDHP HSA \$1,500**

Hours	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
5.75	\$30.56	\$644.41	\$439.79	\$951.34
5.5	\$51.64	\$665.49	\$460.87	\$972.42
5.25	\$72.23	\$686.08	\$481.46	\$993.01
5	\$93.32	\$707.17	\$502.55	\$1,014.10
4.75	\$113.90	\$727.75	\$523.13	\$1,034.68
4.5	\$134.99	\$748.84	\$544.22	\$1,055.77
4.25	\$156.08	\$769.93	\$565.31	\$1,076.86
4	\$177.16	\$791.01	\$586.39	\$1,097.94

**Kaiser HDHP HSA \$3,000**

Hours	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
5.75	-\$23.60	\$525.26	\$342.30	\$799.69
5.5	-\$2.52	\$546.34	\$363.38	\$820.77
5.25	\$18.07	\$566.93	\$383.97	\$841.36
5	\$39.16	\$588.02	\$405.06	\$862.45
4.75	\$59.74	\$608.60	\$425.64	\$883.03
4.5	\$80.83	\$629.69	\$446.73	\$904.12
4.25	\$101.92	\$650.78	\$467.82	\$925.21
4	\$123.00	\$671.86	\$488.90	\$946.29

**Kaiser POS \$1,000**

Hours	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
5.75	\$177.31	\$967.26	\$703.94	\$1,362.24
5.5	\$198.39	\$988.34	\$725.02	\$1,383.32
5.25	\$218.98	\$1,008.93	\$745.61	\$1,403.91
5	\$240.07	\$1,030.02	\$766.70	\$1,425.00
4.75	\$260.65	\$1,050.60	\$787.28	\$1,445.58
4.5	\$281.74	\$1,071.69	\$808.37	\$1,466.67
4.25	\$302.83	\$1,092.78	\$829.46	\$1,487.76
4	\$323.91	\$1,113.86	\$850.54	\$1,508.84