

Page Unified School School District #8
2018-2019 MONTHLY Insurance Rates for Active Employees**

MEDICAL ASBAIT - Aetna POS II	DISTRICT BASE PLAN 1 Classic-Silver	BUY UP OPTION PLAN 2 Co-Pay Gold	BUY DOWN OPTION PLAN 3 \$1,350 HDHP (HSA)
Calendar Year Deductible	\$500 per member / \$1,000 max per family	n/a	\$1,350 single / *2,700 family
Coinsurance	80% after deductible	n/a	80% after deductible
Calendar Year Max out of pocket	\$4,500 per member / \$9,000 max per family	\$6,350 per member / \$12,700 max per family	\$6,000 single / \$12,000 family
Office Visit Copay	\$30 primary / \$40 specialist	\$30 primary / \$40 specialist	80% after deductible
			If you elect this option, PUSD will put \$77.50 per month into a Health Savings Account for you.*Full family deductible must be met before benefits get paid out by insurance for family coverage.

	\$461.00 paid by District No Cost to employee	\$461.00 paid by District \$68.00 additional cost to employee	\$383.50 paid by District + District Puts \$77.50 into HSA. No Cost to employee
E - Employee			
S - Spouse	\$460.00	(\$68.00 + \$530.00) = \$598.00	\$381.00
C - Child(ren)	\$309.00	(\$68.00 + \$356.00) = \$424.00	\$256.00
F - Family	\$704.00	(\$68.00 + \$811.00) = \$879.00 <small>(Employee amount + Dependent amount)</small>	\$584.00

DENTAL Delta Dental PPO	NO OPTION on DENTAL One Plan		
E - EMPLOYEE	Total Cost \$31.67 Paid by District - \$12.38 Paid by Employee = \$19.29	When a married couple works for the District: Each employee enrolls as the employee. If the married couple has children, one or the other selects "child(ren)" coverage.	
S - SPOUSE	(\$19.29 + \$31.81) = \$51.10		
C - CHILDREN	(\$19.29 + \$31.73) = \$51.02		
F - FAMILY	(\$19.29 + \$50.94) = \$70.23 <small>(Employee amount + Dependent amount)</small>		

VISION VISION SERVICE PLAN (VSP)	Base Plan Option	Buy-Up Plan Option	
C - EMPLOYEE	\$0.00 (\$4.21 Paid by District)	\$4.26 (\$4.21 Paid by District)	
B - EMPLOYEE + 1 OTHER	\$1.89	\$8.07	
A - EMPLOYEE + 2 or more	\$6.73	\$17.82	

LIFE Lincoln	NO OPTION on LIFE One Plan	Additional Life Insurance available at Employee's expense. Rates based on age and amount. See enrollment information.	
E - EMPLOYEE (\$50,000)	\$0.00 (\$7.00 paid by the district)		\$15,000 = Spouse
SD-SUPPLEMENTAL DEPENDENT (\$15,000/\$5,000)	\$2.52		\$5,000 = Child(ren)

**** RATES LISTED ARE MONTHLY.**
Your ACTUAL payroll deduction will depend on your contract type and your pay option.
Other variables include (but not limited to), hire date, first payroll for new employees and/or changes in coverage on continuing employees.
*****ALL BENEFITS PAPERWORK MUST BE TURNED IN WITHIN 30 DAYS OF RECEIVING*****
***** For Continuing Employees - Payroll Deduction will be the total "MONTHLY RATE" X 12 MONTHS.**
Total is then divided by the number of payrolls in your contract type and your pay option.

Insurance rates and payroll deductions are based on the FISCAL YEAR. You are eligible the first day of the month following a 30 day wait period from your hire date and your coverage will terminate the last day of the month of your last day of work.

Continuing teachers, 9 and 10 month employees owe for 2 months (July & August) premium before payroll deduction starts each fiscal year. BOC have more pay periods to take the premiums from ... please keep this in mind when comparing monthly rates to payroll deductions. With the Balance of Contract pay option teachers have an amount outstanding for their premiums most of the year because the deductions are less all year (like their pay).