

**2019-2020 Health Insurance Premium Costs
For Certificated Employees**

**Deadline is Wed.,
September 11, 2019**

Listed below are the various plan options and monthly premiums for the 2019-2020 year.

The costs are based on full time positions and any rate changes for the year will be effective as of October 1, 2019. Caps and rates are based on 11 month deductions.

Central Valley Trust - Rate Comparison

Blue Cross PPO														
District Paid Cap	Plan 1A 100%		Plan 4B 90%/10%		Wellness 90%/10%		Plan 6C 80%/20%		Plan 10B 80%/20%		HDHP 1		Bronze 70%/30%	
	Cost	Employee Pays	Cost	Employee Pays	Cost	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Cost	Employee Pays	Cost	Employee Pays
Medical/EAP \$1,006.93	\$2,164.36	\$1,157.43	\$1,910.18	\$903.25	\$1,782.55	\$775.62	\$1,737.82	\$730.89	\$1,227.27	\$220.34	\$1,195.64	\$188.71	\$990.55	-\$16.38
Dental \$132.43	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78
Vision \$21.22	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07
Life Ins \$10.57	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00
	\$1,171.15													
Total (deducted each month for 11 months)	\$1,197.28		\$943.10		\$815.47		\$770.74		\$260.19		\$228.56*		\$23.47	

Kaiser HMO											
District Paid Cap	Kaiser 1 - \$10 Co-Pay		Kaiser 4 - \$30 Co-Pay		Kaiser 8		Kaiser Wellness		Kaiser Bronze		
	Cost	Employee Pays	Cost	Employee Pays	Cost	Employee Pays	Cost	Employee Pays	Cost	Employee Pays	
Medical/EAP \$1,006.93	\$2,254.91	\$1,247.98	\$2,151.27	\$1,144.34	\$1,855.64	\$848.71	\$1,761.82	\$754.89	\$1,056.00	\$49.07	
Dental \$132.43	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78	
Vision \$21.22	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07	
Life Ins \$10.57	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00	
	\$1,171.15										
Total (deducted each month for 11 months)	\$1,287.83		\$1,184.19		\$888.56		\$794.74		\$88.92		

Sutter Health/Aetna EPO						
District Paid Cap	Plan 100A		Plan 80B		Plan 70D	
	Cost	Employee Pays	Cost	Employee Pays	Cost	Employee Pays
Medical/EAP \$1,006.93	\$1,696.36	\$689.43	\$1,341.82	\$334.89	\$925.09	-\$81.84
Dental \$132.43	\$168.21	\$35.78	\$168.21	\$35.78	\$168.21	\$35.78
Vision \$21.22	\$25.29	\$4.07	\$25.29	\$4.07	\$25.29	\$4.07
Life Ins \$10.57	\$10.57	\$0.00	\$10.57	\$0.00	\$10.57	\$0.00
	\$1,171.15					
Total (deducted each month for 11 months)	\$729.28		\$374.74		-\$41.99	

Note: Medical Plan rates include \$1.39/month for the Employee Assistance Program.

Note: Any cost to the employee through a payroll deduction is eligible to be paid on a pre-tax basis. There is also a plan for reimbursement of out-of-pocket costs on a pre-tax basis. An application is required and available from American Fidelity Assurance Company. Please contact our representative, Tangee Franco at (800) 365-8306, ext. 233 for more information.

