

Rate Changes as of 10/1/19
 District paid portion= \$891.53 per mo
 Certificated employee per CTA
 negotiations & Adm, Co, Mngt

BRAWLEY UNION HIGH SCHOOL RENEWAL 10-01-2019 RATES
 CERTIFICATED STAFF
 SISC III - BX (Medical & Prescription) SDCSFBC (Vision & Delta Dental & Life)

	2019-2020 100% PLAN \$ 20 COPAY			2019-2020 90% PLAN \$30 COPAY			2019-2020 80% PLAN \$20 COPAY			2019-2020 80% PLAN \$30 COPAY		
	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.
Medical, Prescription,&Behavioral	877.00	1508.00	1745.00	803.00	1381.00	1600.00	716.00	1231.00	1430.00	624.00	1074.00	1251.00
Sisc III Bx Subtotal	877.00	1508.00	1745.00	803.00	1381.00	1600.00	716.00	1231.00	1430.00	624.00	1074.00	1251.00
VISION *SDCSFBC	11.31	19.84	31.03	11.31	19.84	31.03	11.31	19.84	31.03	11.31	19.84	31.03
LIFE RATE *SDCSFBC	0.95	1.26	1.26	0.95	1.26	1.26	0.95	1.26	1.26	0.95	1.26	1.26
DELTA DENTAL * SDCSFBC	50.40	96.65	111.65	50.40	96.65	111.65	50.40	96.65	111.65	50.40	96.65	111.65
TOTAL	939.66	1625.75	1888.94	865.66	1498.75	1743.94	778.66	1348.75	1573.94	686.66	1191.75	1394.94
12 MONTH FULL TIME RATE Paid by District per month	891.53	891.53	891.53	865.66	891.53	891.53	778.66	891.53	891.53	686.66	891.53	891.53
12 MONTH FULL TIME RATE Paid by Employee per month	48.13	734.22	997.41	0.00	607.22	852.41	0.00	457.22	682.41	0.00	300.22	503.41

	2019-2020 100% PLAN \$ 5 COPAY			2019-2020 100% PLAN \$ 5 COPAY			
	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 SPOUSE	EMPLOYEE +1 CHILD	EMPLOYEE OR MORE DEP.
Medical, Prescription,&Behavioral	239.00	426.00	629.00	239.00	426.00	426.00	629.00
SIMNSA	239.00	426.00	629.00	239.00	426.00	426.00	629.00
VISION *SDCSFBC	11.31	19.84	31.03	11.31	19.84	19.84	31.03
LIFE RATE *SDCSFBC	0.95	1.26	1.26	0.95	1.26	1.26	1.26
DELTA DENTAL * SDCSFBC	50.40	96.65	111.65	19.73	31.88	41.62	51.97
TOTAL	301.66	543.75	772.94	270.99	478.98	488.72	713.26
12 MONTH FULL TIME RATE Paid by District per month	301.66	543.75	772.94	270.99	478.98	488.72	713.26
12 MONTH FULL TIME RATE Paid by Employee per month	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Employees who work less than full-time will have a pro-rated share of the employer paid cap contributed toward the cost of the selected plan and coverage tier.