

Rate Changes 10/1/19
 District paid portion= \$822.53 per mth

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

Classified CSEA ** &
 Classified Confidential

	100-A			90-C			80-G			80-L		
	2019-2020 100% PLAN \$ 20 COPAY	\$ 0 DEDUCT \$ 0 COINS	EMPLOYEE +1 +2 OR MORE DEP.	2019-2020 90% PLAN \$30 COPAY	\$200/\$500 10%	DEDUCT COINS	2019-2020 80% PLAN \$20 COPAY	\$500/\$100 20%	DEDUCT COINS	2019-2020 80% PLAN \$30 COPAY	\$2000/\$4000 20%	DEDUCT COINS
	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	1427.00	1651.00	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	822.53	822.53	822.53	822.53	822.53	822.53	778.66	822.53	822.53	686.66	822.53	822.53
12 MONTH FULL TIME RATE Paid by Employee per month	117.13	803.22	1066.41	43.13	676.22	921.41	0.00	526.22	751.41	0.00	369.22	572.41
11 MONTH FULL TIME RATE: (MONTHLY RATE X 12/11MO Approx)	127.78	876.24	1163.36	47.05	737.69	1005.17	0.00	574.06	819.72	0.00	402.79	624.45
9 MONTH FULL TIME RATE: (MONTHLY RATE X 12/9MO Approx)	156.17	1070.96	1421.88	57.51	901.63	1228.55	0.00	701.63	1001.88	0.00	492.29	763.21

	2019-2020 100% PLAN \$ 5 COPAY			2019-2020 100% PLAN \$ 5 COPAY				
	GROUP 1 EMPLOYEE 10,000	\$ 0 DEDUCT \$ 0 COINS	EMPLOYEE +1 +2 OR MORE DEP.	GROUP 1 EMPLOYEE 10,000	SIMSA Dental \$ 0 DEDUCT \$ 0 COINS	EMPLOYEE +1 SPOUSE	EMPLOYEE +1 CHILD	EMPLOYEE +2 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	31.03	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	499.91	713.26	
12 MONTH FULL TIME RATE Paid by District per month	301.66	543.75	772.94	270.99	478.98	499.91	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	
11 MONTH FULL TIME RATE: (MONTHLY RATE X 12/11MO Approx)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9 MONTH FULL TIME RATE: (MONTHLY RATE X 12/9MO Approx)	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.