

Rate Changes as of 10/1/19
 District paid portion= \$891.53 per mo
 \$939.66 per mo eff 10/1/19 (Board Appd 6/30/20)
 Certificated employee per CTA
 negotiations & Adm, Co
 \$955.07 per mo eff 10/1/19 (Board Appd 6/30/20)
 Mgmt

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

	2019-2020 100% PLAN \$ 20 COPAY			G 9-35	2019-2020 90% PLAN \$30 COPAY			G 9-35	2019-2020 80% PLAN \$20 COPAY			G 9-35	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 (CERTIFICATED)	939.66	939.66	939.66		865.66	939.66	939.66		778.66	939.66	939.66		686.66	939.66	939.66
Paid by District per month (MGMT)	939.66	955.07	955.07		865.66	955.07	955.07		778.66	955.07	955.07		686.66	955.07	955.07
12 MONTH FULL TIME RATE															
Paid by Employee per month (CERTIFICATED)	0.00	686.09	949.28		0.00	559.09	804.28		0.00	409.09	634.28		0.00	252.09	455.28
Paid by Employee per month (MGMT)	0.00	670.68	933.87		0	543.68	788.87		0	393.68	618.87		0	236.68	439.87
11 MONTH FULL TIME RATE															
Paid by Employee per month (MGMT) (MONTHLY RATE X 12/11MO Approx)	0.00	731.65	1018.77		0.00	593.11	860.59		0.00	429.47	675.13		0.00	258.20	479.86
9 MONTH FULL TIME RATE															
Paid by Employee per month (MGMT) (MONTHLY RATE X 12/9MO Approx)	0.00	894.24	1245.16		0.00	724.91	1051.83		0.00	524.91	825.16		0.00	315.57	586.49

	2019-2020 100% PLAN \$ 5 COPAY			5	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 +2 OR MORE DEP.
Medical, Prescription,&Behavioral								
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.