

Rate Changes 10/1/2020
 District paid portion= \$853.48 per mo eff 10/1/19*
 *Classified CSEA & Classified Confidential
 Increase to \$10,241.79 per year
 (previously \$822.53 per mo / \$9870.36 per yr)
 District pd portion = \$955.07 per mo eff 10/1/19**
 **Mgmt increase to \$11,460.86
 (previously \$939.66 per mo/\$11,275.92/yr)

BRAWLEY UNION HIGH SCHOOL RENEWAL 10-01-2020 RATES
 CLASSIFIED STAFF
 SISC III - BX (Medical & Prescription) SDCSFBC (Vision & Delta Dental & Life)

	100-A			90-C			80-G			80-L					
	2020-2021 100% PLAN \$ 20 COPAY	\$ 0 DEDUCT \$ 0 COINS	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.	2020-2021 90% PLAN \$20 COPAY	\$200/\$500 10%	DEDUCT COINS	EMPLOYEE +2 OR MORE DEP.	2020-2021 80% PLAN \$20 COPAY	\$500/\$100 20%	DEDUCT COINS	EMPLOYEE +2 OR MORE DEP.	2020-2021 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.	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.
Medical, Prescription,&Behavioral	881.00	1516.00	1754.00	807.00	1388.00	1608.00	719.00	1237.00	1437.00	631.00	1085.00	1264.00			
Sisc III Bx Subtotal	881.00	1516.00	1754.00	807.00	1388.00	1608.00	719.00	1237.00	1437.00	631.00	1085.00	1264.00			
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	943.66	1633.75	1897.94	869.66	1505.75	1751.94	781.66	1354.75	1580.94	693.66	1202.75	1407.94			
12 MONTH FULL TIME RATE															
Paid by District per month (Class & Conf)	853.48	853.48	853.48	853.48	853.48	853.48	781.66	853.48	853.48	693.66	853.48	853.48			
Paid by District per month (Mgmt)	943.66	955.07	955.07	869.66	955.07	955.07	781.66	955.07	955.07	693.66	955.07	955.07			
12 MONTH FULL TIME RATE															
Paid by Employee per month (Class & Conf)	90.18	780.27	1044.46	16.18	652.27	898.46	0.00	501.27	727.46	0.00	349.27	554.46			
Paid by Employee per month (Mgmt)	0.00	678.68	942.87	0	550.68	796.87	0	399.68	625.87	0	247.68	452.87			
11 MONTH FULL TIME RATE (Class & Conf):	98.38	851.20	1139.41	17.65	711.57	980.14	0.00	546.84	793.59	0.00	381.02	604.87			
11 MONTH FULL TIME RATE (Mgmt):	0.00	740.38	1028.59	0.00	600.74	869.31	0.00	436.01	682.77	0.00	270.20	494.04			
(MONTHLY RATE X 12/11MO Approx)															
9 MONTH FULL TIME RATE (Class & Conf):	120.24	1040.36	1392.61	21.57	869.69	1197.95	0.00	668.36	969.95	0.00	465.69	739.28			
9 MONTH FULL TIME RATE (Mgmt):	0.00	904.91	1257.16	0.00	734.24	1062.49	0.00	532.91	834.49	0.00	330.24	603.83			
(MONTHLY RATE X 12/9MO Approx)															
	2020-2021 100% PLAN \$ 5 COPAY	\$ 0 DEDUCT \$ 0 COINS	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.	2020-2021 100% PLAN \$ 5 COPAY	SIMSA Dental \$ 0 DEDUCT \$ 0 COINS	EMPLOYEE +1 SPOUSE	EMPLOYEE +1 CHILD	EMPLOYEE +2 OR MORE DEP.						
Medical, Prescription,&Behavioral															
SIMNSA	246.00	439.00	648.00	246.00	439.00	439.00	648.00								
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	20.28	32.79	42.82	53.48								
TOTAL	308.66	556.75	791.94	278.54	492.89	514.11	733.77								
12 MONTH FULL TIME RATE															
Paid by District per month	308.66	556.75	791.94	278.54	492.89	514.11	733.77								
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:	0.00	0.00	0.00	0.00	0.00	0.00	0.00								
(MONTHLY RATE X 12/11MO Approx)															
9 MONTH FULL TIME RATE:	0.00	0.00	0.00	0.00	0.00	0.00	0.00								
(MONTHLY RATE X 12/9MO Approx)															

*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.