LITTLE LAKE CITY SCHOOL DISTRICT HEALTH AND WELFARE RATES EFFECTIVE: JANUARY 1, 2020

CLASSIFIED EMPLOYEES 5.5 HOURS

PLAN NAME	10THLY SINGLE	10THLY 2-PARTY	10THLY FAMILY
ANTHEM HMO SELECT			
Cost	743.92	1,487.83	1,934.18
District Contribution (Cap)	625.42	859.95	1,117.93
Voluntary Deduction	118.50	627.88	816.25
ANTHEM HMO TRADITIONAL			
Cost	1,083.16	2,166.31	2,816.21
District Contribution (Cap)	625.42	859.95	1,117.93
Voluntary Deduction	457.74	1,306.36	1,698.28
BLUE SHIELD ACCESS (HMO)			
Cost	975.80	1,951.61	2,537.09
District Contribution (Cap)	625.42	859.95	1,117.93
District 2020 Contribution	240.89	481.79	626.32
Voluntary Deduction	109.49	609.87	792.84
BLUE SHIELD TRIO (HMO)			
Cost	749.92	1,499.83	1,949.78
District Contribution (Cap)	625.42	859.95	1,117.93
District 2020 Contribution	85.59	171.19	222.54
Voluntary Deduction	38.91	468.69	609.31
HEALTH NET SALUD Y MAS			
Cost	470.77	941.54	1,224.01
District Contribution (Cap)	470.77	859.95	1,117.93
Voluntary Deduction	0.00	81.59	106.08
HEALTH NET SMART CARE			
Cost	778.10	1,556.21	2,023.07
District Contribution (Cap)	625.42	859.95	1,117.93
District 2020 Contribution	104.97	209.95	272.93
Voluntary Deduction	47.71	486.31	632.21
KAISER			
Cost	797.27	1,594.54	2,072.89
District Contribution (Cap)	625.42	859.95	1,117.93
District 2020 Contribution	118.15	236.30	307.18
Voluntary Deduction	53.70	498.29	647.78
PERS CHOICE			
Cost	852.35	1,704.70	2,216.10
District Contribution (Cap)	625.42	859.95	1,117.93
Voluntary Deduction	226.93	844.75	1,098.17

LITTLE LAKE CITY SCHOOL DISTRICT HEALTH AND WELFARE RATES EFFECTIVE: JANUARY 1, 2020

CLASSIFIED EMPLOYEES 5.5 HOURS

PLAN NAME SINGLE 2-PARTY FAMILY PERS SELECT	CEMBRITED EVII EGTEES 3.3 HO	10THLY	10THLY	10THLY
Cost	PLAN NAME	SINGLE	2-PARTY	FAMILY
District Contribution (Cap) 522.89 859.95 1,117.93 Voluntary Deduction 0.00 185.83 241.57 PERS CARE*	PERS SELECT			
PERS CARE* Cost	Cost		1,045.78	
PERS CARE	District Contribution (Cap)	522.89	859.95	1,117.93
Cost 1,117.34 2,234.69 2,905.09 District Contribution 538.85 * 740.92 884.50 Voluntary Deduction 578.49 1,493.77 2,020.59 **Employees who were enrolled in PERS CARE, single party only, in the 2006 year shall be entitled to a District contribution of \$859.40, 10THLY. UNITED HEALTHCARE Cost 801.97 1,603.94 2,085.13 District Contribution (Cap) 625.42 859.95 1,117.93 Voluntary Deduction 176.55 743.99 967.20 DELTA DENTAL Cost 143.46 143.46 143.46 District Contribution (Cap) 98.63 98.63 98.63 Voluntary Deduction 44.83 44.83 44.83 METLIFE DENTAL** Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 District Contribution (Cap)	Voluntary Deduction	0.00	185.83	241.57
District Contribution 538.85 * 740.92 884.50 Voluntary Deduction 578.49 1,493.77 2,020.59 *Employees who were enrolled in PERS CARE, single party only, in the 2006 year shall be entitled to a District contribution of \$859.40, 10THLY. UNITED HEALTHCARE	PERS CARE*			
Voluntary Deduction 578.49 1,493.77 2,020.59	Cost	1,117.34	2,234.69	2,905.09
*Employees who were enrolled in PERS CARE, single party only, in the 2006 year shall be entitled to a District contribution of \$859.40, 10THLY. UNITED HEALTHCARE Cost 801.97 1,603.94 2,085.13 District Contribution (Cap) 625.42 859.95 1,117.93 Voluntary Deduction 176.55 743.99 967.20 DELTA DENTAL Cost 143.46 143.46 143.46 District Contribution (Cap) 98.63 98.63 98.63 Voluntary Deduction 44.83 44.83 44.83 METLIFE DENTAL** Cost 56.21 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 District Contribution (Cap) 20.58 20.58 Voluntary Deduction 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04	District Contribution	538.85 *	740.92	884.50
District contribution of \$859.40, 10THLY.	Voluntary Deduction	578.49	1,493.77	2,020.59
Cost District Contribution (Cap) 801.97 (625.42) 1,603.94 (859.95) 2,085.13 (1,117.93) Voluntary Deduction 176.55 743.99 967.20 DELTA DENTAL Cost 143.46 (District Contribution (Cap) 98.63 (98.63) 98.63 (98.63) Voluntary Deduction 44.83 (48.33) 44.83 (48.33) METLIFE DENTAL** Cost 56.21 (56.21) 56.21 (56.21) 56.21 (56.21) District Contribution (Cap) 38.64 (38.64) 38.64 (38.64) 38.64 (38.64) Voluntary Deduction 17.57 (17.57) 17.57 (17.57) 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 (29.93) 29.93 (29.93) 29.93 District Contribution (Cap) (Cap) (20.58 (20.58) 20.58 (20.58) 20.58 (20.58) Voluntary Deduction (Cap) (20.58 (20.58) (20.58) 20.58 (20.58) 20.58 (20.58) LIFE INSURANCE (Cost (20.4) (<u> </u>	, , ,	nly, in the 2006 year sho	all be entitled to a
District Contribution (Cap) 625.42 859.95 1,117.93 Voluntary Deduction 176.55 743.99 967.20 DELTA DENTAL Cost 143.46 143.46 143.46 District Contribution (Cap) 98.63 98.63 98.63 Voluntary Deduction 44.83 44.83 44.83 METLIFE DENTAL** Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap)		001.05	1 (02 04	2.007.12
Voluntary Deduction 176.55 743.99 967.20 DELTA DENTAL Cost 143.46 143.46 143.46 143.46 143.46 District Contribution (Cap) 98.63 <td< td=""><td></td><td></td><td>· ·</td><td>-</td></td<>			· ·	-
DELTA DENTAL	· •			
Cost 143.46 143.46 143.46 District Contribution (Cap) 98.63 98.63 98.63 Voluntary Deduction 44.83 44.83 44.83 METLIFE DENTAL** Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	Voluntary Deduction	1/0.55	/43.99	907.20
District Contribution (Cap) 98.63 98.63 98.63 Voluntary Deduction 44.83 44.83 44.83 METLIFE DENTAL** Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	DELTA DENTAL			
Voluntary Deduction 44.83 44.83 44.83 METLIFE DENTAL** S6.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	Cost	143.46	143.46	143.46
METLIFE DENTAL** Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	District Contribution (Cap)	98.63	98.63	
Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	Voluntary Deduction	44.83	44.83	44.83
Cost 56.21 56.21 56.21 District Contribution (Cap) 38.64 38.64 38.64 Voluntary Deduction 17.57 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	METLIFE DENTAL**			
Voluntary Deduction 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04		56.21	56.21	56.21
Voluntary Deduction 17.57 17.57 **MetLife Dental Rates effective October 1, 2019 thru September 30, 2020 VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	District Contribution (Cap)	38.64	38.64	38.64
VISION SERVICE PLAN Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04		17.57	17.57	
Cost 29.93 29.93 29.93 District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	**MetLife Dental Rates effective Octob	ber 1, 2019 thru Septemb	per 30, 2020	
District Contribution (Cap) 20.58 20.58 20.58 Voluntary Deduction 9.35 9.35 9.35 LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	VISION SERVICE PLAN			
Voluntary Deduction 9.35 9.35 LIFE INSURANCE 2.04 2.04 2.04 Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	Cost	29.93	29.93	29.93
LIFE INSURANCE Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	District Contribution (Cap)	20.58	20.58	20.58
Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	Voluntary Deduction	9.35	9.35	9.35
Cost 2.04 2.04 2.04 District Contribution (Cap) 2.04 2.04 2.04	LIFE INSURANCE			
District Contribution (Cap) 2.04 2.04		2.04	2.04	2.04
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	Voluntary Deduction	0.00	0.00	0.00