

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

CLASSIFIED EMPLOYEES 5 HOURS

<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
ANTHEM HMO SELECT			
Cost	743.92	1,487.83	1,934.18
District Contribution (Cap)	625.42	781.77	1,016.30
Voluntary Deduction	<u>118.50</u>	<u>706.06</u>	<u>917.88</u>
ANTHEM HMO TRADITIONAL			
Cost	1,083.16	2,166.31	2,816.21
District Contribution (Cap)	625.42	781.77	1,016.30
Voluntary Deduction	<u>457.74</u>	<u>1,384.54</u>	<u>1,799.91</u>
BLUE SHIELD ACCESS (HMO)			
Cost	975.80	1,951.61	2,537.09
District Contribution (Cap)	625.42	781.77	1,016.30
District 2020 Contribution	218.99	437.99	569.38
Voluntary Deduction	<u>131.39</u>	<u>731.85</u>	<u>951.41</u>
BLUE SHIELD TRIO (HMO)			
Cost	749.92	1,499.83	1,949.78
District Contribution (Cap)	625.42	781.77	1,016.30
District 2020 Contribution	77.81	155.63	202.31
Voluntary Deduction	<u>46.69</u>	<u>562.43</u>	<u>731.17</u>
HEALTH NET SALUD Y MAS			
Cost	470.77	941.54	1,224.01
District Contribution (Cap)	470.77	781.77	1,016.30
Voluntary Deduction	<u>0.00</u>	<u>159.77</u>	<u>207.71</u>
HEALTH NET SMART CARE			
Cost	778.10	1,556.21	2,023.07
District Contribution (Cap)	625.42	781.77	1,016.30
District 2020 Contribution	95.43	190.86	248.12
Voluntary Deduction	<u>57.25</u>	<u>583.58</u>	<u>758.65</u>
KAISER			
Cost	797.27	1,594.54	2,072.89
District Contribution (Cap)	625.42	781.77	1,016.30
District 2020 Contribution	107.41	214.82	279.26
Voluntary Deduction	<u>64.44</u>	<u>597.95</u>	<u>777.33</u>
PERS CHOICE			
Cost	852.35	1,704.70	2,216.10
District Contribution (Cap)	625.42	781.77	1,016.30
Voluntary Deduction	<u>226.93</u>	<u>922.93</u>	<u>1,199.80</u>

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<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
PERS SELECT			
Cost	522.89	1,045.78	1,359.50
District Contribution (Cap)	522.89	781.77	1,016.30
Voluntary Deduction	0.00	264.01	343.20
PERS CARE*			
Cost	1,117.34	2,234.69	2,905.09
District Contribution	538.85 *	673.56	804.09
Voluntary Deduction	578.49	1,561.13	2,101.00

**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	781.77	1,016.30
Voluntary Deduction	176.55	822.17	1,068.83

DELTA DENTAL

Cost	143.46	143.46	143.46
District Contribution (Cap)	89.66	89.66	89.66
Voluntary Deduction	53.80	53.80	53.80

METLIFE DENTAL**

Cost	56.21	56.21	56.21
District Contribution (Cap)	35.13	35.13	35.13
Voluntary Deduction	21.08	21.08	21.08

***MetLife Dental Rates effective October 1, 2019 thru September 30, 2020*

VISION SERVICE PLAN

Cost	29.93	29.93	29.93
District Contribution (Cap)	18.71	18.71	18.71
Voluntary Deduction	11.22	11.22	11.22

LIFE INSURANCE

Cost	2.04	2.04	2.04
District Contribution (Cap)	2.04	2.04	2.04
Voluntary Deduction	0.00	0.00	0.00