

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

CERTIFICATED EMPLOYEES - 50%

<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	625.42	813.04
Voluntary Deduction	<u>118.50</u>	<u>862.41</u>	<u>1,121.14</u>
ANTHEM HMO TRADITIONAL			
Cost	1,083.16	2,166.31	2,816.21
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	<u>457.74</u>	<u>1,540.89</u>	<u>2,003.17</u>
BLUE SHIELD ACCESS (HMO)			
Cost	975.80	1,951.61	2,537.09
District Contribution (Cap)	625.42	625.42	813.04
District 2020 Contribution	350.38	350.39	455.51
Voluntary Deduction	<u>0.00</u>	<u>975.80</u>	<u>1,268.54</u>
BLUE SHIELD TRIO (HMO)			
Cost	749.92	1,499.83	1,949.78
District Contribution (Cap)	625.42	625.42	813.04
District 2020 Contribution	124.50	124.50	161.85
Voluntary Deduction	<u>0.00</u>	<u>749.91</u>	<u>974.89</u>
HEALTH NET SALUD Y MAS			
Cost	470.77	941.54	1,224.01
District Contribution (Cap)	470.77	625.42	813.04
Voluntary Deduction	<u>0.00</u>	<u>316.12</u>	<u>410.97</u>
HEALTH NET SMART CARE			
Cost	778.10	1,556.21	2,023.07
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	<u>152.68</u>	<u>930.79</u>	<u>1,210.03</u>
KAISER			
Cost	797.27	1,594.54	2,072.89
District Contribution (Cap)	625.42	625.42	813.04
District 2020 Contribution	171.85	171.86	223.41
Voluntary Deduction	<u>0.00</u>	<u>797.26</u>	<u>1,036.44</u>
PERS CHOICE			
Cost	852.35	1,704.70	2,216.10
District Contribution (Cap)	625.42	625.42	813.04
District 2020 Contribution	226.93	226.94	295.01
Voluntary Deduction	<u>0.00</u>	<u>852.34</u>	<u>1,108.05</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	625.42	813.04
Voluntary Deduction	0.00	420.36	546.46
PERS CARE*			
Cost	1,117.34	2,234.69	2,905.09
District Contribution	538.85 *	538.85	643.27
Voluntary Deduction	578.49	1,695.84	2,261.82
<i>*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.</i>			
UNITED HEALTHCARE			
Cost	801.97	1,603.94	2,085.13
District Contribution (Cap)	625.42	625.42	813.04
Voluntary Deduction	176.55	978.52	1,272.09
DELTA DENTAL			
Cost	143.46	143.46	143.46
District Contribution (Cap)	71.73	71.73	71.73
Voluntary Deduction	71.73	71.73	71.73
METLIFE DENTAL**			
Cost	56.21	56.21	56.21
District Contribution (Cap)	28.11	28.11	28.11
Voluntary Deduction	28.10	28.10	28.10
<i>**MetLife Dental Rates effective October 1, 2019 thru September 30, 2020</i>			
VISION SERVICE PLAN			
Cost	29.93	29.93	29.93
District Contribution (Cap)	14.97	14.97	14.97
Voluntary Deduction	14.96	14.96	14.96
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
CASH-IN-LIEU OF BENEFITS****			
District Contribution (Cap)	58.96	117.92	153.29

****Please contact the Fiscal Service Department for further details regarding the Cash in Lieu of Benefits.*