

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

**MANAGEMENT/BOARD MEMBERS - 100%**

<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
<b>ANTHEM HMO SELECT</b>			
Cost	743.92	1,487.83	1,934.18
District Contribution (Cap)	625.42	1,250.83	1,626.08
Voluntary Deduction	118.50	237.00	308.10
<b>ANTHEM HMO TRADITIONAL</b>			
Cost	1,083.16	2,166.31	2,816.21
District Contribution (Cap)	625.42	1,250.83	1,626.08
Voluntary Deduction	457.74	915.48	1,190.13
<b>BLUE SHIELD ACCESS (HMO)</b>			
Cost	975.80	1,951.61	2,537.09
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2020 Contribution	350.38	700.78	911.01
Voluntary Deduction	0.00	0.00	0.00
<b>BLUE SHIELD TRIO (HMO)</b>			
Cost	749.92	1,499.83	1,949.78
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2020 Contribution	124.50	249.00	323.70
Voluntary Deduction	0.00	0.00	0.00
<b>HEALTH NET SALUD Y MAS</b>			
Cost	470.77	941.54	1,224.01
District Contribution (Cap)	470.77	941.54	1,224.01
Voluntary Deduction	0.00	0.00	0.00
<b>HEALTH NET SMART CARE</b>			
Cost	778.10	1,556.21	2,023.07
District Contribution (Cap)	625.42	1,250.83	1,626.08
Voluntary Deduction	152.68	305.38	396.99
<b>KAISER</b>			
Cost	797.27	1,594.54	2,072.89
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2020 Contribution	171.85	343.71	446.81
Voluntary Deduction	0.00	0.00	0.00
<b>PERS CHOICE</b>			
Cost	852.35	1,704.70	2,216.10
District Contribution (Cap)	625.42	1,250.83	1,626.08
District 2020 Contribution	226.93	453.87	590.02
Voluntary Deduction	0.00	0.00	0.00

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<u>PLAN NAME</u>	<u>10THLY SINGLE</u>	<u>10THLY 2-PARTY</u>	<u>10THLY FAMILY</u>
<b>PERS SELECT</b>			
Cost	522.89	1,045.78	1,359.50
District Contribution (Cap)	522.89	1,045.78	1,359.50
Voluntary Deduction	0.00	0.00	0.00
<b>PERS CARE*</b>			
Cost	1,117.34	2,234.69	2,905.09
District Contribution	538.85 *	1,077.70	1,286.54
Voluntary Deduction	578.49	1,156.99	1,618.55
<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>			
<b>UNITED HEALTHCARE</b>			
Cost	801.97	1,603.94	2,085.13
District Contribution (Cap)	625.42	1,250.83	1,626.08
Voluntary Deduction	176.55	353.11	459.05
<b>DELTA DENTAL</b>			
Cost	143.46	143.46	143.46
District Contribution (Cap)	143.46	143.46	143.46
Voluntary Deduction	0.00	0.00	0.00
<b>METLIFE DENTAL**</b>			
Cost	56.21	56.21	56.21
District Contribution (Cap)	56.21	56.21	56.21
Voluntary Deduction	0.00	0.00	0.00
<i>**MetLife Dental Rates effective October 1, 2019 thru September 30, 2020</i>			
<b>VISION SERVICE PLAN</b>			
Cost	29.93	29.93	29.93
District Contribution (Cap)	29.93	29.93	29.93
Voluntary Deduction	0.00	0.00	0.00
<b>LIFE INSURANCE</b>			
Cost	2.04	2.04	2.04
District Contribution (Cap)	2.04	2.04	2.04
Voluntary Deduction	0.00	0.00	0.00
<b>CASH-IN-LIEU OF BENEFITS***</b>			
District Contribution (Cap)	117.92	235.83	306.58

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