

2019 Insurance Rates and District Contributions

DISTRICT CAFETERIA CONTRIBUTIONS					
Employee Group	Benefits		Redirected to Salary		Part-time Status
	Full-time	Part-time	Full-time	Part-time	
Administrators	\$394.00	\$ -	\$ -	\$ -	n/a
Teachers Step 1-3 and 20+	\$220.00	\$110.00	\$174.00	\$174.00	50%-59% FTE
Teachers Step 4-19	\$394.00	\$284.00	\$ -	\$ -	50%-59% FTE
Mental Health Step 1-3 and 20+	\$220.00	\$110.00	\$174.00	\$174.00	50%-59% FTE
Mental Health Step 4-19	\$394.00	\$284.00	\$ -	\$ -	50%-59% FTE
Nurses Step 1-3 and 20+	\$220.00	\$110.00	\$174.00	\$174.00	50%-59% FTE
Nurses Step 4-19	\$394.00	\$284.00	\$ -	\$ -	50%-59% FTE
Bus Drivers	\$296.90	\$148.45	\$ -	\$ -	20-23 Hours/Week
Custodial Maintenance	\$296.90	\$148.45	\$ -	\$ -	50%-74% FTE
Educational Office Professional	\$296.90	\$148.45	\$ -	\$ -	50%-59% FTE
Extended Childhood Services*	\$296.90	\$148.45	\$ -	\$ -	20-30 Hours/Week
Food Service Workers	\$296.96	\$148.45	\$ -	\$ -	20-30 Hours/Week
Staff Support	\$296.90	\$148.45	\$ -	\$ -	50%-59% FTE
Mechanics	\$296.90	n/a	\$ -	\$ -	n/a
ECE and Para-Educators	n/a	n/a	n/a	n/a	n/a

*For ECS employees some positions will receive an additional \$296.90.

EXAMPLE CALCULATION		MAKE YOUR OWN CALCULATION	
Medical (employee rate):	\$338.36	Medical (employee rate):	_____
Dental (employee rate):	\$43.27	Dental (employee rate):	_____
Vision (employee rate):	\$9.30	Vision (employee rate):	_____
Subtotal:	\$390.93	Subtotal:	_____
Cafeteria Dollars (if eligible):	\$394.00	Cafeteria Dollars (if eligible):	_____
Total:	-\$3.07	Total:	_____

If you end up with a negative number, the amount can be put into the District Medical or Dependent Care FSA accounts. Any monies left over cannot be used for an HSA account. Also, any unused District Cafeteria dollars will be forfeited.

If you end up with a positive number that is how much will be deducted from your salary.

CERTIFIED/CLASSIFIED (EXCLUDING PARA EDUCATORS, ECE & ECS)				
MEDICAL PLANS	Full Rate	District Contribution	Employee	COBRA Rate
KAISER DHMO 1500				
Employee Only	\$507.60	\$217.10	\$290.50	\$517.75
Employee + Spouse	\$1,050.79	\$302.36	\$748.43	\$1,071.81
Employee + Child(ren)	\$1,081.14	\$312.75	\$768.39	\$1,102.76
Family	\$1,588.79	\$430.94	\$1,157.85	\$1,620.57
KAISER DHMO 500				
Employee Only	\$585.53	\$217.10	\$368.43	\$597.24
Employee + Spouse	\$1,212.00	\$302.36	\$909.64	\$1,236.24
Employee + Child(ren)	\$1,247.13	\$312.75	\$934.38	\$1,272.07
Family	\$1,832.66	\$430.94	\$1,401.72	\$1,869.31
KAISER ADDED CHOICE				
Employee Only	\$1,031.74	\$217.10	\$814.64	\$1,052.37
Employee + Spouse	\$2,135.61	\$302.36	\$1,833.25	\$2,178.32
Employee + Child(ren)	\$2,197.51	\$312.75	\$1,884.76	\$2,241.46
Family	\$3,229.25	\$430.94	\$2,798.31	\$3,293.84
KAISER HDHP				
Employee Only	\$355.38	\$217.10	\$138.28	\$362.49
Employee + Spouse	\$735.66	\$302.36	\$433.30	\$750.37
Employee + Child(ren)	\$756.92	\$312.75	\$444.17	\$772.06
Family	\$1,112.33	\$430.94	\$681.39	\$1,134.58

PARA EDUCATORS, ECE & ECS				
MEDICAL PLANS	Full Rate	District Contribution	Employee	COBRA Rate
KAISER DHMO 1500				
Employee Only	\$507.60	\$217.43	\$290.17	\$517.75
Employee + Spouse	\$1,050.79	\$217.43	\$833.36	\$1,071.81
Employee + Child(ren)	\$1,081.14	\$217.43	\$863.71	\$1,102.76
Family	\$1,588.79	\$217.43	\$1,371.36	\$1,620.57
KAISER DHMO 500				
Employee Only	\$585.53	\$217.43	\$368.10	\$597.24
Employee + Spouse	\$1,212.00	\$217.43	\$994.57	\$1,236.24
Employee + Child(ren)	\$1,247.13	\$217.43	\$1,029.70	\$1,272.07
Family	\$1,832.66	\$217.43	\$1,615.23	\$1,869.31
KAISER ADDED CHOICE				
Employee Only	\$1,031.74	\$217.43	\$814.31	\$1,052.37
Employee + Spouse	\$2,135.61	\$217.43	\$1,918.18	\$2,178.32
Employee + Child(ren)	\$2,197.51	\$217.43	\$1,980.08	\$2,241.46
Family	\$3,229.25	\$217.43	\$3,011.82	\$3,293.84
KAISER HDHP				
Employee Only	\$355.38	\$217.43	\$137.95	\$362.49
Employee + Spouse	\$735.66	\$217.43	\$518.23	\$750.37
Employee + Child(ren)	\$756.92	\$217.43	\$539.49	\$772.06
Family	\$1,112.33	\$217.43	\$894.90	\$1,134.58

DENTAL PLANS	Rate	COBRA Rate
DELTA DENTAL PPO PLAN		
Employee Only	\$38.85	\$39.63
Employee + Spouse	\$71.45	\$72.88
Employee + Child(ren)	\$88.28	\$90.05
Family	\$122.66	\$125.11
DELTA DENTAL EPO PLAN		
Employee Only	\$32.38	\$33.03
Employee + Spouse	\$59.52	\$60.71
Employee + Child(ren)	\$73.35	\$74.82
Family	\$101.80	\$103.84

VISION PLAN	Rate	COBRA Rate
VISION SERVICE PLAN		
Employee Only	\$7.99	\$8.15
Employee + Spouse	\$13.09	\$13.35
Employee + Child(ren)	\$12.64	\$12.89
Family	\$20.84	\$21.26