

**2015-2016 MEDICAL, DENTAL AND VISION PLAN RATES  
FOR DISTRICT EMPLOYEES**

**FULL COST OF MEDICAL BENEFITS, PRIOR TO DISTRICT CONTRIBUTION**

COVERAGE LEVEL	KAISER HD \$1,500 PLAN (HSA eligible)	KAISER Ded HMO \$500	UHC HDHP \$2,000 Plan Navigate Network (HSA eligible)
Employee Only	\$ 413.73	\$493.82	\$ 647.50
Employee & Spouse	\$ 827.46	\$ 987.64	\$ 1,295.01
Employee & Child(ren)	\$ 786.09	\$ 938.25	\$ 1,230.26
Family	\$ 1,117.08	\$ 1,333.31	\$ 1,748.26

**\*Full-time employees**, for benefit purposes only, is defined as those whose combined hours assigned to standard hour jobs, equals 30 or more hours per week.

**YOUR COST FOR MEDICAL BENEFITS FOR FULL-TIME EMPLOYEES\*, AFTER \$515.00 MONTHLY DISTRICT CONTRIBUTION**

COVERAGE LEVEL	KAISER HD \$1,500 PLAN (HSA eligible)	KAISER Ded HMO \$500	UHC HD \$2,000 Plan Naviate Network(HSA eligible)
Employee Only	<i>No cost to you. Also see benefit allocation, below.</i>	<i>No cost to you. Also see benefit allocation, below.</i>	\$ 132.50
Employee & Spouse	\$ 312.46	\$ 472.64	\$ 780.01
Employee & Child(ren)	\$ 271.09	\$ 423.25	\$ 715.26
Family	\$ 602.08	\$ 818.31	\$ 1,233.26
Benefit Allocation to help offset the cost of other benefits (ee only coverage)	\$ 101.27	\$21.18	N/A

**\*SPLIT CONTRACT RATES, EXPLAINED\***

Split Contract rates apply to employees in the following situations:

- Both spouses<sup>(1)</sup> are employed by the district in full-time positions
- You wish to cover your spouse and children under one medical policy to take advantage of family deductibles, out-of-pocket maximums and the family premium rate.

Here's how it works:

- You or your spouse must first submit a "Request to add split-contract" form available on line under ESS>Benefits (this only needs to be done the first year)
- One employee elects medical coverage for themselves, spouse and children (if applicable). They receive the district contribution for which they are eligible, to help offset the cost of medical coverage.
- The other spouse will elect 'waive medical, full allocation' as their medical plan choice, and will receive their district contribution as a benefit allocation that adds to their earnings.
- If your situation no longer qualifies you for split contract, you MUST contact the benefits department within 60 days.

<sup>(1)</sup> In order to qualify, you must be legally married, or be a partner in a civil union agreement on file with the district, an employee who has grandfathered domestic partner affidavit on file, or have a common-law spouse affidavit on file with the district.

**2015-2016 DENTAL AND VISION BENEFIT RATES**

YOUR COST FOR COVERAGE	PPO ONLY DENTAL PLAN**	PPO PLUS PREMIER DENTAL PLAN**	VISION - EYEMED
Employee Only	\$ 27.30	\$ 35.80	\$ 6.50
Employee & Spouse	\$ 54.60	\$ 71.60	\$ 13.00
Employee & Child(ren)	\$ 54.60	\$ 71.60	\$ 13.00
Family	\$ 81.90	\$ 107.40	\$ 19.50

**\*\***(1) Preventive care exams, cleanings and x-rays are not subject to the annual coverage maximum (2) Add child(ren) to dental no later than the benefits enrollment period following their third birthday.