

Certificated Active Employees

If you were hired **AFTER** July 1, 2013 [click here](#)

Summary of Contributions for Employees hired **BEFORE** July 1, 2013

The total cost of the plan premiums increased this year and both employees and the District will be paying more, with the District absorbing most of the increases. The tables below summarize the employee contribution amounts that will be effective December 1, 2015. Remember, your contributions for health care coverage are **deducted tenthly** and before taxes which are calculated each pay period, effectively lowering your tax liability.

Medical

Kaiser Permanente HMO

Contribution Percentage +50% of Increased Cost	Single	Two-Party	Family
Total Premium	\$533.63	\$1,067.26	\$1,510.18
What the District Pays	-\$501.75	-\$1,000.50	-\$1,419.96
What You Pay	\$31.88	\$63.76	\$90.22

Blue Shield Access+ SaveNet HMO^{1, 2}

Contribution Percentage	Single	Two-Party	Family
Total Premium	\$595.11	\$1,229.20	\$1,771.90
What the District Pays	-\$583.21	-\$1,204.61	-\$1,736.46
What You Pay	\$11.90	\$24.58	\$35.44

Blue Shield Access+ HMO²

Contribution Percentage +50% of Increased Cost	Single	Two-Party	Family
Total Premium	\$643.41	\$1,329.40	\$1,915.97
What the District Pays	-\$590.44	-\$1,220.04	-\$1,758.28
What You Pay	\$52.97	\$109.36	\$157.69

Blue Shield Spectrum PPO²

Contribution Percentage +50% of Increased Cost	Single	Two-Party	Family
Total Premium	\$914.04	\$1,897.68	\$2,726.20
What the District Pays	-\$777.38	-\$1,613.99	-\$2,318.62
What You Pay	\$136.66	\$283.69	\$407.58

1 Blue Shield Access+ SaveNet HMO is a narrow network with the same benefits of the popular Blue Shield Access+ HMO. SaveNet is available in select California counties.

2 Blue Shield rate include mental health, prescription, Employee Assistance Program and vision cost.

Dental

DeltaCare USA DHMO

Contribution Percentage	Single	Two-Party	Family
Total Premium	\$20.11	\$33.19	\$49.06
What the District Pays N/A	-\$20.11	-\$33.19	-\$49.06
What You Pay N/A	\$0.00	\$0.00	\$0.00

Delta Dental Network DPPO

Contribution Percentage	Single	Two-Party	Family
Total Premium	\$57.86	\$160.86	\$218.78
What the District Pays N/A	-\$57.86	-\$55.51	-\$55.51
What You Pay N/A	\$0.00	\$105.35	\$163.27

Delta Dental Incentive DPPO

Contribution Percentage	Single	Two-Party	Family
Total Premium	\$72.34	\$201.09	\$273.52
What the District Pays N/A	-\$72.34	-\$61.91	-\$61.91
What You Pay N/A	\$0.00	\$139.18	\$211.61

Certificated Active Employees

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Summary of Contributions for Employees hired **AFTER** July 1, 2013

Medical

Kaiser Permanente HMO

Contribution Percentage +50% of Increased Cost		Single	Two-Party	Family
Total Premium		\$533.63	\$1,067.26	\$1,510.18
What the District Pays		-\$501.75	-\$1,003.50	-\$1,419.96
What You Pay		\$31.88	\$63.76	\$90.22

Blue Shield Access+ SaveNet HMO^{1, 2, 3}

Contribution Amount		Single	Two-Party	Family
Total Premium		\$595.11	\$1,229.20	\$1,771.90
What the District Pays	Cost of Lowest HMO	-\$501.75	-\$1,003.50	-\$1,419.96
What You Pay	Difference	\$93.36	\$225.70	\$351.94

Blue Shield Access+ HMO^{2, 3}

Contribution Amount		Single	Two-Party	Family
Total Premium		\$643.41	\$1,329.40	\$1,915.97
What the District Pays	Cost of Lowest HMO	-\$501.75	-\$1,003.50	-\$1,419.96
What You Pay	Difference	\$141.66	\$325.90	\$496.01

Blue Shield Spectrum PPO^{2, 3}

Contribution Amount		Single	Two-Party	Family
Total Premium		\$914.04	\$1,897.68	\$2,726.20
What the District Pays	Cost of Lowest HMO	-\$501.75	-\$1,003.50	-\$1,419.96
What You Pay	Difference	\$412.29	\$894.18	\$1,306.24

1 Blue Shield Access+ SaveNet HMO is a narrow network with the same benefits of the popular Blue Shield Access+ HMO. SaveNet is available in select California counties.

2 Blue Shield rate include mental health, prescription, Employee Assistance Program and vision cost.

3 The District's contribution amount is the amount the District pays for the lowest cost HMO plan. All Certificated employees hired after 07/01/2013 are responsible for the difference.

Dental

DeltaCare USA DHMO

Contribution Percentage		Single	Two-Party	Family
Total Premium		\$20.11	\$33.19	\$49.06
What the District Pays	N/A	-\$20.11	-\$33.19	-\$49.06
What You Pay	N/A	\$0.00	\$0.00	\$0.00

Delta Dental Network DPPO

Contribution Percentage		Single	Two-Party	Family
Total Premium		\$57.86	\$160.86	\$218.78
What the District Pays	N/A	-\$57.86	-\$55.51	-\$55.51
What You Pay	N/A	\$0.00	\$105.35	\$163.27

Delta Dental Incentive DPPO

Contribution Percentage		Single	Two-Party	Family
Total Premium		\$72.34	\$201.09	\$273.52
What the District Pays	N/A	-\$72.34	-\$61.91	-\$61.91
What You Pay	N/A	\$0.00	\$139.18	\$211.61