

Medical Plans

	Kaiser Plan 8	Blue Shield PPO 3	Blue Shield HMO Plan 1 Access	Blue Shield HMO Plan 1 ACO-Trio	Blue Shield HMO Plan 10 Access	Blue Shield HMO Plan 10 ACO-Trio	Blue Shield HMO Plan 9A Access	Blue Shield HMO Plan 9A ACO-Trio	
2018-2019									
Annual Premiums									
Medical	\$15,764.52	22926.36	\$19,591.44	\$17,244.96	\$16,801.20	\$14,788.56	\$14,027.04	\$12,346.20	
Delta Dental	\$1,288.20	\$1,288.20	\$1,288.20	\$1,288.20	\$1,288.20	\$1,288.20	\$1,288.20	\$1,288.20	
VSP	\$292.80	\$292.80	\$292.80	\$292.80	\$292.80	\$292.80	\$292.80	\$292.80	
Rel. Std. Life	\$54.00	\$54.00	\$54.00	\$54.00	\$54.00	\$54.00	\$54.00	\$54.00	
Met Life Dental *	\$736.92	\$736.92	\$736.92	\$736.92	\$736.92	\$736.92	\$736.92	\$736.92	
Total (med, Delta dental, vision, life)	\$17,399.52	\$24,561.36	\$21,226.44	\$18,879.96	\$18,436.20	\$16,423.56	\$15,662.04	\$13,981.20	
Payments									
District Annual Contribution (Cap)	\$10,600.00	\$10,600.00	\$10,600.00	\$10,600.00	\$10,600.00	\$10,600.00	\$10,600.00	\$10,600.00	
HTA Annual Waive Subsidy	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	
Employee Annual Responsibility	\$4,799.52	\$11,961.36	\$8,626.44	\$6,279.96	\$5,836.20	\$3,823.56	\$3,062.04	\$1,381.20	
Tenthly Payroll Deduction 2018-19	\$479.95	\$1,196.14	\$862.64	\$628.00	\$583.62	\$382.36	\$306.20	\$138.12	
	* Met Life Dental is shown for information only and is not used in any calculations. Delta is used for calculating combined annual premiums.								