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DENAIR UNIFIED SCHOOL DISTRICT  
INSURANCE RATES  
2017-2018

*Rates effective 10/1/17 - 9/30/18*

Contracted employees who work four or more hours per day are eligible for Health Insurance Benefits, with the District providing the below CAP allowance prorated for the percentage of the time worked. Full-time employees (90% or higher) must participate in the Health Benefit packet (dental, vision & life) and must either participate in one of the below medical plans or provide proof of other group coverage during open enrollment. If the total premiums are greater than the CAP allowance, a deduction for the difference will appear on your paycheck pre-taxed. Employees hired prior to January 1, 2012, who provides proof of coverage by a group medical plan will receive the difference of the CAP and the total premiums for Dental, Vision, & Life.

**MONTHLY DEDUCTIONS \* PLEASE CIRCLE YOUR SELECTED DEDUCTIONS AND SIGN BELOW**

MEDICAL	SINGLE	2 PARTY	FAMILY
<b>SUTTER HEALTH PLUS</b>			
HMO-\$10 COPAY NO DEDUCTIBLE	\$ 707.31	\$ 1,388.83	\$ 1,951.02
HMO-\$20 COPAY \$1,500 DEDUCTIBLE	\$ 537.79	\$ 1,055.97	\$ 1,483.42
HMO-\$20 COPAY \$3,000 DEDUCTIBLE	\$ 489.58	\$ 961.31	\$ 1,350.45
<b>KAISER PERMANENTE</b>			
HMO-\$30 COPAY NO DEDUCTIBLE	\$ 648.58	\$ 1,297.15	\$ 1,833.98
HMO-\$20 COPAY \$1,500 DEDUCTIBLE	\$ 556.96	\$ 1,112.95	\$ 1,574.72

DENTAL	COMPOSITE
DELTA DENTAL - PREMIER - INCENTIVE	\$ 131.25

VISION	COMPOSITE
VISION SERVICE PLAN	\$ 26.85

THE STANDARD LIFE INSURANCE	
Dependents not eligible	\$ 8.00

CAP BY UNIT	AMOUNT
	Full time or Based on % of Contract
ADMINISTRATIVE MANAGEMENT	\$ 583.33 per month
CLASSIFIED MANAGEMENT	\$ 583.33 per month
CERTIFICATED	\$ 500.00 per month
CLASSIFIED	\$ 500.00 per month
CONFIDENTIAL	\$ 583.33 per month

AT THIS TIME I DECLINE ALL BENEFITS (NOT AN OPTION FOR FULL-TIME EMPLOYEES HIRED AFTER 1/1/2012)

SIGNATURE

DATE

Revised 8/7/17

# Denair Unified School District

## 10/17-9/30/18 Plan Rate Comparison

Medical - Calendar Year Deductibles & Maximums

Carrier	<u>Sutter HMO</u>	<u>Sutter HMO</u>	<u>Sutter HMO</u>	<u>Kaiser</u>	<u>Kaiser</u>
Medical Plan	\$10 - \$0	\$20-\$1,500	\$20 - \$3,000	Trad HMO \$30	Low Ded
Sutter Plan Name	ML 32	ML 22	ML 25	HMO	DHMO
Individual/Family Deductibles	\$0	\$1,500/\$3,000	\$3,000/\$6,000	\$0	\$1,500/\$3,000
Individual/Family Annual Out Of Pocket	\$750/\$1,500	\$4,000/\$8,000	\$6,000/\$12,000	\$1,500/\$3,000	\$4,000/\$8,000
Office Visits (Primary/Specialists)	\$10/\$10	\$20/\$20	\$20/\$20	\$30/\$30	\$20/\$20
Urgent Care Co-Pay	\$15	\$20	\$20	\$30	\$20
Lab/X-ray	\$10/NoChg	\$20/\$10	\$20/\$10	\$0/\$0	\$10/\$10
Preventive Care	0%	0% d/w	0% d/w	0% d/w	0% d/w
Emergency Room	\$30	20% after Ded.	30% after Ded.	\$100	20% after Ded.
Inpatient Hospital	0%	20% after Ded.	30% after Ded.	\$0/\$30	20% after Ded.
Outpatient Hospital	0%	\$20/20% after Ded.	30% after Ded.	\$30/\$30	\$20/20% after Ded.
PHARMACY BENEEFITS					
Individual/family Rx Deductibles	None	None	None	None	None
Generics 30 day supply	\$5	\$10	\$10	\$10 up to 100 day supply	\$10 up to 100 day supply
Brand Name 30 day pply	\$20	\$30	\$30	\$30 up to 100 day supply	\$30 up to 100 day supply
Non-Formulary Brand 30 day supply	\$40	\$60	\$60		
Specialty Drugs 30 day supply	10% up to \$100	20% up to \$100	30% up to \$100	\$30 up to 100 day supply	\$30 up to 100 day supply
3-TIERED RATES					
EE Only	\$707.31	\$537.79	\$489.58	\$648.58	\$556.96
EE + 1	\$1,388.83	\$1,055.97	\$961.31	\$1,297.15	\$1,112.95
EE + 2 or More	\$1,951.02	\$1,483.42	\$1,350.45	\$1,833.98	\$1,574.72