

**DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART****September 1, 2019 - December 31, 2020**

PLAN TYPE	12 PAY PERIODS			11 PAY PERIODS		
	MONTHLY PREMIUM	DISTRICT'S CONTRIBUTION FOR A FULL-TIME EMPLOYEE	EMPLOYEE'S CONTRIBUTION (FULL TIME STATUS)	MONTHLY PREMIUM	DISTRICT'S CONTRIBUTION FOR A FULL-TIME EMPLOYEE	EMPLOYEE'S CONTRIBUTION (FULL TIME STATUS)
<b>ANTHEM HMO (California Care)</b>						
Employee Only	\$865.18	\$605.63	\$259.55	\$943.83	\$660.68	\$283.15
2-Party (Employee + 1 dependent)	\$1,811.87	\$1,268.31	\$543.56	\$1,976.59	\$1,383.61	\$592.98
Family (Employee + 2 or more dependents)	\$2,586.32	\$1,810.42	\$775.90	\$2,821.44	\$1,975.01	\$846.43
<b>ANTHEM PPO PRUDENT BUYER</b>						
Employee Only	\$1,168.12	\$817.68	\$350.44	\$1,274.31	\$892.02	\$382.29
2-Party (Employee + 1 dependent)	\$2,351.03	\$1,645.72	\$705.31	\$2,564.76	\$1,795.33	\$769.43
Family (Employee + 2 or more dependents)	\$3,305.80	\$2,314.06	\$991.74	\$3,606.33	\$2,524.43	\$1,081.90
<b>BRONZE ANTHEM DHMO</b>						
Employee Only	\$696.95	\$487.87	\$209.08	\$760.31	\$532.22	\$228.09
2-Party (Employee + 1 dependent)	\$1,439.14	\$1,007.40	\$431.74	\$1,569.97	\$1,098.98	\$470.99
Family (Employee + 2 or more dependents)	\$2,083.31	\$1,458.32	\$624.99	\$2,272.70	\$1,590.89	\$681.81
<b>KAISER HMO</b>						
Employee Only	\$660.17	\$462.12	\$198.05	\$720.19	\$504.13	\$216.06
2-Party (Employee + 1 dependent)	\$1,320.34	\$924.24	\$396.10	\$1,440.37	\$1,008.26	\$432.11
Family (Employee + 2 or more dependents)	\$1,868.28	\$1,307.80	\$560.48	\$2,038.12	\$1,426.69	\$611.43
<b>BRONZE KAISER DHMO</b>						
Employee Only	\$590.23	\$413.16	\$177.07	\$643.89	\$450.72	\$193.17
2-Party (Employee + 1 dependent)	\$1,180.45	\$826.32	\$354.13	\$1,287.76	\$901.44	\$386.32
Family (Employee + 2 or more dependents)	\$1,670.34	\$1,169.24	\$501.10	\$1,822.19	\$1,275.53	\$546.66
<b>DELTA PPO PREMIER DENTAL</b>						
Employee Only	\$81.62	\$57.13	\$24.49	\$89.04	\$62.33	\$26.71
2-Party (Employee + 1 dependent)	\$159.16	\$111.41	\$47.75	\$173.63	\$121.54	\$52.09
Family (Employee + 2 or more dependents)	\$250.16	\$175.11	\$75.05	\$272.90	\$191.03	\$81.87
<b>DELTACARE HMO DENTAL</b>						
Employee Only	\$54.49	\$38.14	\$16.35	\$59.44	\$41.61	\$17.83
<b>VISION SERVICE PLAN</b>						
Employee Only	\$7.16	\$5.01	\$2.15	\$7.81	\$5.47	\$2.34
2-Party (Employee + 1 dependent)	\$14.33	\$10.03	\$4.30	\$15.63	\$10.94	\$4.69
Family (Employee + 2 or more dependents)	\$23.07	\$16.15	\$6.92	\$25.17	\$17.62	\$7.55
<b>GROUP LIFE INSURANCE</b>						
(mandatory if electing medical coverage)	\$13.09	\$9.16	\$3.93	\$14.28	\$10.00	\$4.28

**NOTES:** *Part time employees who work less than 8 hours per day are entitled to participate in the Health & Welfare programs on a pro-rata basis consistent with the number of hours worked daily or their Full Time Equivalent (FTE).*

*Employee deductions to be taken pre-tax thereby reducing mandatory federal and state taxes which could potentially impact your take home salary.*