

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED - 10 MONTH
2020 HEALTH, DENTAL, & VISION RATES
PAYROLL CHANGE EFF 12/23/2019 PREMIUMS EFF 01/01/2020

COST BASED OFF	\$ -	DISTRICT YEARLY CONTRIBUTION EE ONLY	10 PAY PERIODS FTE	1
COST BASED OFF	\$ 4,274.00	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	10 PAY PERIODS FTE	1

PLAN	COVERAGE OPTIONS	2020 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1758.00	0.00	1758.00
	EE + 1	3512.40	427.40	3085.00
	FAMILY	4562.40	427.40	4135.00
PPO \$25	EMPLOYEE ONLY	1144.80	0.00	1144.80
	EE + 1	2284.80	427.40	1857.40
	FAMILY	2967.60	427.40	2540.20
PPO \$30	EMPLOYEE ONLY	1039.20	0.00	1039.20
	EE + 1	2073.60	427.40	1646.20
	FAMILY	2694.00	427.40	2266.60
PPO \$35	EMPLOYEE ONLY	1060.80	0.00	1060.80
	EE + 1	2113.20	427.40	1685.80
	FAMILY	2744.40	427.40	2317.00
PPO \$40	EMPLOYEE ONLY	985.20	0.00	985.20
	EE + 1	1965.60	427.40	1538.20
	FAMILY	2552.40	427.40	2125.00
PPO \$50	EMPLOYEE ONLY	925.20	0.00	925.20
	EE + 1	1844.40	427.40	1417.00
	FAMILY	2396.40	427.40	1969.00
PPO \$60	EMPLOYEE ONLY	831.60	0.00	831.60
	EE + 1	1653.60	427.40	1226.20
	FAMILY	2150.40	427.40	1723.00
EPO SOUTHERN CA	EMPLOYEE ONLY	744.00	0.00	744.00
	EE + 1	1482.00	427.40	1054.60
	FAMILY	1923.60	427.40	1496.20

DENTAL	EMPLOYEE ONLY	70.80	0.00	70.80
	EE + 1	128.40	0.00	128.40
	FAMILY	211.20	0.00	211.20
VISION	EMPLOYEE ONLY	14.40	0.00	14.40
	EE + 1	24.00	0.00	24.00
	FAMILY	42.00	0.00	42.00

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY