PACIFIC GROVE UNIFIED SCHOOL DISTRICT CERTIFICATED - 12 MONTH

2020 HEALTH, DENTAL, & VISION RATES

CONTRIBUTION EE ONLY

COST BASED OFF

PAYROLL CHANGE EFF 12/23/2019 PREMIUMS EFF 01/01/2020 DISRICT YEARLY

1

12 PAY PERIODS FTE

GOOT BAGED OFF	Ψ	DICTRICT VEARLY	IZTATTERIODO TTE	•
	¢ 460460	DISTRICT YEARLY CONTRIBUTION		4
COST BASED OFF	\$ 4,624.00	EE+1 & FAMILY	12 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2020 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1465.00	0.00	1465.00
	EE + 1	2927.00	385.33	2541.67
	FAMILY	3802.00	385.33	3416.67
PPO \$25	EMPLOYEE ONLY	954.00	0.00	954.00
	EE + 1	1904.00	385.33	1518.67
	FAMILY	2473.00	385.33	2087.67
PPO \$30	EMPLOYEE ONLY	866.00	0.00	866.00
	EE + 1	1728.00	385.33	1342.67
	FAMILY	2245.00	385.33	1859.67
PPO \$35	EMPLOYEE ONLY	884.00	0.00	884.00
	EE + 1	1761.00	385.33	1375.67
	FAMILY	2287.00	385.33	1901.67
PPO \$40	EMPLOYEE ONLY	821.00	0.00	821.00
	EE + 1	1638.00	385.33	1252.67
	FAMILY	2127.00	385.33	1741.67
PPO \$50	EMPLOYEE ONLY	770.00	0.00	770.00
	EE + 1	1537.00	385.33	1151.67
	FAMILY	1997.00	385.33	1611.67
PPO \$60	EMPLOYEE ONLY	693.00	0.00	693.00
	EE + 1	1378.00	385.33	992.67
	FAMILY	1792.00	385.33	1406.67
EPO SOUTHERN CA	EMPLOYEE ONLY	620.00	0.00	620.00
	EE + 1	1235.00	385.33	849.67
	FAMILY	1603.00	385.33	1217.67
DENTAL	EMPLOYEE ONLY	59.00	0.00	59.00
	EE + 1	107.00	0.00	107.00
	FAMILY	176.00	0.00	176.00
VISION	EMPLOYEE ONLY	12.00	0.00	12.00
	EE + 1	20.00	0.00	20.00
	FAMILY	35.00	0.00	35.00
*DLEASE NOTE EMPLOYEE COST MAY MARY DUE TO BOLINDING				

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