## PACIFIC GROVE UNIFIED SCHOOL DISTRICT CLASSIFIED - 12 MONTH

## 2020 HEALTH, DENTAL, & VISION RATES

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

COST BASED OFF	\$ 6,225.36	DISRICT YEARLY CONTRIBUTION EE ONLY	12 PAY PERIODS FTE	1
OOOT BACES OF	Ψ 0,220.00	DISTRICT YEARLY	121ATTERIODO TTE	•
COST BASED OFF	\$ 6,501.36	CONTRIBUTION EE+1 & FAMILY	12 PAY PERIODS FTE	1
COST BASED OFF				
PLAN	COVERAGE OPTIONS	2020 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1465.00	518.78	946.22
	EE + 1	2927.00	541.78	2385.22
	FAMILY	3802.00	541.78	3260.22
PPO \$25	EMPLOYEE ONLY	954.00	518.78	435.22
	EE + 1	1904.00	541.78	1362.22
	FAMILY	2473.00	541.78	1931.22
PPO \$30	EMPLOYEE ONLY	866.00	518.78	347.22
	EE + 1	1728.00	541.78	1186.22
	FAMILY	2245.00	541.78	1703.22
PPO \$35	EMPLOYEE ONLY	884.00	518.78	365.22
	EE + 1	1761.00	541.78	1219.22
	FAMILY	2287.00	541.78	1745.22
PPO \$40	EMPLOYEE ONLY	821.00	518.78	302.22
	EE + 1	1638.00	541.78	1096.22
	FAMILY	2127.00	541.78	1585.22
PPO \$50	EMPLOYEE ONLY	771.00	518.78	252.22
	EE + 1	1537.00	541.78	995.22
	FAMILY	1997.00	541.78	1455.22
PPO \$60	EMPLOYEE ONLY	693.00	518.78	174.22
	EE + 1	1378.00	541.78	836.22
	FAMILY	1792.00	541.78	1250.22
EPO SOUTHERN CA	EMPLOYEE ONLY	620.00	518.78	101.22
	EE + 1	1235.00	541.78	693.22
	FAMILY	1603.00	541.78	1061.22
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

<sup>\*</sup>PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING RATES SUBJECT TO CHANGE ANNUALLY