PACIFIC GROVE UNIFIED SCHOOL DISTRICT CLASSIFIED - 11 MONTH

2020 HEALTH, DENTAL, & VISION RATES

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

CONTRIBUTION EE ONLY

11 PAY PERIODS FTE

1

6,225.36

COST BASED OFF

COST BASED OFF	\$ 6,501.36	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	11 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2020 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1598.18	565.94	1032.24
	EE + 1	3193.09	591.03	2602.06
	FAMILY	4147.64	591.03	3556.60
PPO \$25	EMPLOYEE ONLY	1040.73	565.94	474.79
	EE + 1	2077.09	591.03	1486.06
	FAMILY	2697.82	591.03	2106.79
PPO \$30	EMPLOYEE ONLY	944.73	565.94	378.79
	EE + 1	1885.09	591.03	1294.06
	FAMILY	2449.09	591.03	1858.06
PPO \$35	EMPLOYEE ONLY	964.36	565.94	398.42
	EE + 1	1921.09	591.03	1330.06
	FAMILY	2494.91	591.03	1903.88
PPO \$40	EMPLOYEE ONLY	895.64	565.94	329.69
	EE + 1	1786.91	591.03	1195.88
	FAMILY	2320.36	591.03	1729.33
PPO \$50	EMPLOYEE ONLY	841.09	565.94	275.15
	EE + 1	1676.73	591.03	1085.69
	FAMILY	2178.55	591.03	1587.51
PPO \$60	EMPLOYEE ONLY	756.00	565.94	190.06
	EE + 1	1503.27	591.03	912.24
	FAMILY	1954.91	591.03	1363.88
EPO SOUTHERN CA	EMPLOYEE ONLY	676.36	565.94	110.42
	EE + 1	1347.27	591.03	756.24
	FAMILY	1748.73	591.03	1157.69
DENTAL	EMPLOYEE ONLY	64.36	0.00	64.36
	EE + 1	116.73	0.00	116.73
	FAMILY	192.00	0.00	192.00
VISION	EMPLOYEE ONLY	13.09	0.00	13.09
	EE + 1	21.82	0.00	21.82
	FAMILY	38.18	0.00	38.18
*PLEASE NOTE EMPLO	OYFF COST MAY VARY	DUE TO BOUNDING		

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