PACIFIC GROVE UNIFIED SCHOOL DISTRICT CLASSIFIED - 10 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	CONTRIBUTION EE ONLY	10 PAY PERIODS FTE	1
		DISTRICT YEARLY CONTRIBUTION		
COST BASED OFF	\$ 6,501.36	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	622.54	1135.46
	EE + 1	3512.40	650.14	2862.26
	FAMILY	4562.40	650.14	3912.26
PPO \$25	EMPLOYEE ONLY	1144.80	622.54	522.26
	EE + 1	2284.80	650.14	1634.66
	FAMILY	2967.60	650.14	2317.46
PPO \$30	EMPLOYEE ONLY	1039.20	622.54	416.66
	EE + 1	2073.60	650.14	1423.46
	FAMILY	2694.00	650.14	2043.86
PPO \$35	EMPLOYEE ONLY	1060.80	622.54	438.26
	EE + 1	2113.20	650.14	1463.06
	FAMILY	2744.40	650.14	2094.26
PPO \$40	EMPLOYEE ONLY	985.20	622.54	362.66
	EE + 1	1965.60	650.14	1315.46
	FAMILY	2552.40	650.14	1902.26
PPO \$50	EMPLOYEE ONLY	925.20	622.54	302.66
	EE + 1	1844.40	650.14	1194.26
	FAMILY	2396.40	650.14	1746.26
PPO \$60	EMPLOYEE ONLY	831.60	622.54	209.06
	EE + 1	1653.60	650.14	1003.46
	FAMILY	2150.40	650.14	1500.26
EPO SOUTHERN CA	EMPLOYEE ONLY	744.00	622.54	121.46
	EE + 1	1482.00	650.14	831.86
	FAMILY	1923.60	650.14	1273.46
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
*DLEASE NOTE EMBL	OVEE COST MAY WARY	DUE TO BOUNDING		

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