

| PACIFIC GROVE UNIFIED SCHOOL DISTRICT ADULT EDUCATION 2019 HEALTH, DENTAL, & VISION RATES PAYROLL CHANGE EFF 12/21/2018 PREMIUMS EFF 01/01/2019 COST BASED OFF 30+HOURS/WEEK - 12 PAY PERIODS | | | | |
|---|------------------|----------------------|-------------------------------|-----------------------|
| PLAN | COVERAGE OPTIONS | 2018 MONTHLY PREMIUM | DISTRICT MONTHLY CONTRIBUTION | EMPLOYEE MONTHLY COST |
| PPO \$20 | EMPLOYEE ONLY | 1201.00 | 370.28 | 830.72 |
| Medical | | | | |
| | EE + 1 | 2400.00 | 470.28 | 1929.72 |
| | | | | |
| | FAMILY | 3118.00 | 470.28 | 2647.72 |
| | | | | |
| PPO \$25 | EMPLOYEE ONLY | 851.00 | 370.28 | 480.72 |
| Medical | | | | |
| | EE + 1 | 1698.00 | 470.28 | 1227.72 |
| | | | | |
| | FAMILY | 2206.00 | 470.28 | 1735.72 |
| | | | | |
| PPO \$30 | EMPLOYEE ONLY | 808.00 | 370.28 | 437.72 |
| Medical | | | | |
| added 6/10/2013 | EE + 1 | 1612.00 | 470.28 | 1141.72 |
| | | | | |
| | FAMILY | 2095.00 | 470.28 | 1624.72 |
| | | | | |
| PPO \$35 | EMPLOYEE ONLY | 788.00 | 370.28 | 417.72 |
| Medical | | | | |
| | EE + 1 | 1571.00 | 470.28 | 1100.72 |
| | | | | |
| | FAMILY | 2040.00 | 470.28 | 1569.72 |
| | | | | |
| PPO \$40 | EMPLOYEE ONLY | 766.00 | 370.28 | 395.72 |
| Medical | | | | |
| | EE + 1 | 1528.00 | 470.28 | 1057.72 |
| | | | | |
| | FAMILY | 1985.00 | 470.28 | 1514.72 |
| | | | | |
| PPO \$50 | EMPLOYEE ONLY | 718.00 | 370.28 | 347.72 |
| Medical | | | | |
| | EE + 1 | 1434.00 | 470.28 | 963.72 |
| | | | | |
| | FAMILY | 1863.00 | 470.28 | 1392.72 |
| | | | | |
| PPO \$60 | EMPLOYEE ONLY | 646.00 | 370.28 | 275.72 |
| Medical | | | | |
| | EE + 1 | 1286.00 | 470.28 | 815.72 |
| | | | | |
| | FAMILY | 1672.00 | 470.28 | 1201.72 |
| | | | | |
| EPO SOUTHERN CA | EMPLOYEE ONLY | 578.00 | 370.28 | 207.72 |
| Medical | | | | |
| | EE + 1 | 1152.00 | 470.28 | 681.72 |
| | | | | |
| | FAMILY | 1496.00 | 470.28 | 1025.72 |
| | | | | |
| DENTAL | EMPLOYEE ONLY | 59.00 | 55.94 | 3.06 |
| | | | | |
| | EE + 1 | 107.00 | 55.94 | 51.06 |
| | | | | |
| | FAMILY | 176.00 | 55.94 | 120.06 |
| | | | | |
| VISION | EMPLOYEE ONLY | 12.00 | 12.33 | -0.33 |
| | | | | |
| | EE + 1 | 20.00 | 12.33 | 7.67 |
| | | | | |
| | FAMILY | 35.00 | 12.33 | 22.67 |
| | | | | |
| *PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING | | | | |
| RATES SUBJECT TO CHANGE ANNUALLY | | | | |