

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED - 11 MONTH
 2019 HEALTH, DENTAL, & VISION RATES
 PAYROLL CHANGE EFF 12/21/2018 PREMIUMS EFF 01/01/2019
COST BASED OFF 1.0 FTE - 11 PAY PERIODS

PLAN	COVERAGE OPTIONS	2018 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1310.18	0.00	1310.18
Medical				
	EE + 1	2618.18	388.55	2229.63
	FAMILY	3401.45	388.55	3012.90
PPO \$25	EMPLOYEE ONLY	881.45	0.00	881.45
Medical				
	EE + 1	1852.36	388.55	1463.81
	FAMILY	2406.55	388.55	2018.00
PPO \$30	EMPLOYEE ONLY	881.45	0.00	881.45
Medical				
added 6/10/2013	EE + 1	1758.55	388.55	1370.00
	FAMILY	2285.45	388.55	1896.90
PPO \$35	EMPLOYEE ONLY	859.64	0.00	859.64
Medical				
	EE + 1	1713.82	388.55	1325.27
	FAMILY	2225.45	388.55	1836.90
PPO \$40	EMPLOYEE ONLY	835.64	0.00	835.64
Medical				
	EE + 1	1666.91	388.55	1278.36
	FAMILY	2165.45	388.55	1776.90
PPO \$50	EMPLOYEE ONLY	783.27	0.00	783.27
Medical				
	EE + 1	1564.36	388.55	1175.81
	FAMILY	2032.36	388.55	1643.81
PPO \$60	EMPLOYEE ONLY	704.73	0.00	704.73
Medical				
	EE + 1	1402.91	388.55	1014.36
	FAMILY	1824.00	388.55	1435.45
EPO SOUTHERN CA	EMPLOYEE ONLY	630.55	0.00	630.55
Medical				
	EE + 1	1256.73	388.55	868.18
	FAMILY	1632.00	388.55	1243.45
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
district contribution for family insurance. 4274.00/11=388.55				
*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING				
RATES SUBJECT TO CHANGE ANNUALLY				