

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

PLAN	COVERAGE OPTIONS	2018 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1201.00	0.00	1201.00
Medical				
	EE + 1	2400.00	356.17	2043.83
	FAMILY	3118.00	356.17	2761.83
PPO \$25	EMPLOYEE ONLY	808.00	0.00	808.00
Medical				
	EE + 1	1698.00	356.17	1341.83
	FAMILY	2206.00	356.17	1849.83
PPO \$30	EMPLOYEE ONLY	808.00	0.00	808.00
Medical				
added 6/10/2013	EE + 1	1612.00	356.17	1255.83
	FAMILY	2095.00	356.17	1738.83
PPO \$35	EMPLOYEE ONLY	788.00	0.00	788.00
Medical				
	EE + 1	1571.00	356.17	1214.83
	FAMILY	2040.00	356.17	1683.83
PPO \$40	EMPLOYEE ONLY	766.00	0.00	766.00
Medical				
	EE + 1	1528.00	356.17	1171.83
	FAMILY	1985.00	356.17	1628.83
PPO \$50	EMPLOYEE ONLY	718.00	0.00	718.00
Medical				
	EE + 1	1434.00	356.17	1077.83
	FAMILY	1863.00	356.17	1506.83
PPO \$60	EMPLOYEE ONLY	646.00	0.00	646.00
Medical				
	EE + 1	1286.00	356.17	929.83
	FAMILY	1672.00	356.17	1315.83
EPO SOUTHERN CA	EMPLOYEE ONLY	578.00	0.00	578.00
Medical				
	EE + 1	1152.00	356.17	795.83
	FAMILY	1496.00	356.17	1139.83
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
district contribution for family insurance. 4274.00/12=356.17				
*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING				
RATES SUBJECT TO CHANGE ANNUALLY				