

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED - 10 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	1441.20	0.00	1441.20
Medical				
	EE + 1	2880.00	427.40	2452.60
	FAMILY	3741.60	427.40	3314.20
PPO \$25	EMPLOYEE ONLY	969.60	0.00	969.60
Medical				
	EE + 1	2037.60	427.40	1610.20
	FAMILY	2647.20	427.40	2219.80
PPO \$30	EMPLOYEE ONLY	969.60	0.00	969.60
Medical				
added 6/10/2013	EE + 1	1934.40	427.40	1507.00
	FAMILY	2514.00	427.40	2086.60
PPO \$35	EMPLOYEE ONLY	945.60	0.00	945.60
Medical				
	EE + 1	1885.20	427.40	1457.80
	FAMILY	2448.00	427.40	2020.60
PPO \$40	EMPLOYEE ONLY	919.20	0.00	919.20
Medical				
	EE + 1	1833.60	427.40	1406.20
	FAMILY	2382.00	427.40	1954.60
PPO \$50	EMPLOYEE ONLY	861.60	0.00	861.60
Medical				
	EE + 1	1720.80	427.40	1293.40
	FAMILY	2235.60	427.40	1808.20
PPO \$60	EMPLOYEE ONLY	775.20	0.00	775.20
Medical				
	EE + 1	1543.20	427.40	1115.80
	FAMILY	2006.40	427.40	1579.00
EPO SOUTHERN CA	EMPLOYEE ONLY	693.60	0.00	693.60
Medical				
	EE + 1	1382.40	427.40	955.00
	FAMILY	1795.20	427.40	1367.80
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

district contribution for family insurance. 4274.00/11=388.55
 *PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
 RATES SUBJECT TO CHANGE ANNUALLY