

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CLASSIFIED - 10 MONTH
 2019 HEALTH, DENTAL, & VISION RATES
 PAYROLL CHANGE EFF 12/21/2018 PREMIUMS EFF 01/01/2019
COST BASED OFF 1.0 FTE - 10 PAY PERIODS

PLAN	COVERAGE OPTIONS	2018 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$20	EMPLOYEE ONLY	1441.20	546.68	894.52
Medical				
	EE + 1	2880.00	574.28	2305.72
	FAMILY	3741.60	574.28	3167.32
PPO \$25	EMPLOYEE ONLY	1021.20	546.68	474.52
Medical				
	EE + 1	2037.60	574.28	1463.32
	FAMILY	2647.20	574.28	2072.92
PPO \$30	EMPLOYEE ONLY	969.60	546.68	422.92
Medical				
added 6/10/2013	EE + 1	1934.40	574.28	1360.12
	FAMILY	2514.00	574.28	1939.72
PPO \$35	EMPLOYEE ONLY	945.60	546.68	398.92
Medical				
	EE + 1	1885.20	574.28	1310.92
	FAMILY	2448.00	574.28	1873.72
PPO \$40	EMPLOYEE ONLY	919.20	546.68	372.52
Medical				
	EE + 1	1833.60	574.28	1259.32
	FAMILY	2382.00	574.28	1807.72
PPO \$50	EMPLOYEE ONLY	861.60	546.68	314.92
Medical				
	EE + 1	1720.80	574.28	1146.52
	FAMILY	2235.60	574.28	1661.32
PPO \$60	EMPLOYEE ONLY	775.20	546.68	228.52
Medical				
	EE + 1	1543.20	574.28	968.92
	FAMILY	2006.40	574.28	1432.12
EPO SOUTHERN CA	EMPLOYEE ONLY	693.60	546.68	146.92
Medical				
	EE + 1	1382.40	574.28	808.12
	FAMILY	1795.20	574.28	1220.92
DENTAL	EMPLOYEE ONLY	70.80	61.46	9.34
	EE + 1	128.40	61.46	66.94
	FAMILY	211.20	61.46	149.74
VISION	EMPLOYEE ONLY	14.40	14.40	0.00
	EE + 1	24.00	14.40	9.60
	FAMILY	42.00	14.40	27.60

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