

MADERA UNIFIED SCHOOL DISTRICT

HEALTH BENEFIT RATES

2019-2020

Health Plans	Anthem Blue Cross PPO Plan 1 - Rx A			Anthem Blue Cross PPO Plan 3 - Rx A			Anthem Blue Cross PPO Plan 4 - Rx A			Anthem Blue Cross PPO Plan 7 - Rx B		
	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE
Medical	18,624.00	1,552.00	1,693.09	17,292.00	1,441.00	1,572.00	16,656.00	1,388.00	1,514.18	15,192.00	1,266.00	1,381.09
Vision	227.64	18.97	20.69	227.64	18.97	20.69	227.64	18.97	20.69	227.64	18.97	20.69
Dental	1,384.32	115.36	125.85	1,384.32	115.36	125.85	1,384.32	115.36	125.85	1,384.32	115.36	125.85
Total Cost	20,235.96	1,686.33	1,839.63	18,903.96	1,575.33	1,718.54	18,267.96	1,522.33	1,660.72	16,803.96	1,400.33	1,527.63
Employer (ER) Contribution	17,723.28	1,476.94	1,611.21	17,723.28	1,476.94	1,611.21	17,723.28	1,476.94	1,611.21	16,803.96	1,400.33	1,527.63
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	2,512.68	209.39	228.43	1,180.68	98.39	107.33	544.68	45.39	49.52	0.00	0.00	0.00

Health Plans	Kaiser 1 - HMO			Kaiser 3 - HMO			Kaiser 6 - HMO			Kaiser 8 - HMO		
	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE
Medical	19,236.00	1,603.00	1,748.73	17,544.00	1,462.00	1,594.91	15,300.00	1,275.00	1,390.91	14,052.00	1,171.00	1,277.45
Vision	227.64	18.97	20.69	227.64	18.97	20.69	227.64	18.97	20.69	227.64	18.97	20.69
Dental	1,384.32	115.36	125.85	1,384.32	115.36	125.85	1,384.32	115.36	125.85	1,384.32	115.36	125.85
Total Cost	20,847.96	1,737.33	1,895.27	19,155.96	1,596.33	1,741.45	16,911.96	1,409.33	1,537.45	15,663.96	1,305.33	1,424.00
Employer's Contribution	17,723.28	1,476.94	1,611.21	17,723.28	1,476.94	1,611.21	16,911.96	1,409.33	1,537.45	15,663.96	1,305.33	1,424.00
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	3,124.68	260.39	284.06	1,432.68	119.39	130.24	0.00	0.00	0.00	0.00	0.00	0.00

Health Plan	Kaiser 1 - Wellness			High Deductible Health Plan (HDHP) 1			Anthem Wellness PPO Plan 1 - Rx C			CVT Bronze Plan		
	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE	Annual	12 mo EE	11 mo EE
Medical	15,720.00	1,310.00	1,429.09	10,572.00	881.00	961.09	15,408.00	1,284.00	1,400.73	8,736.00	728.00	794.18
Vision	227.64	18.97	20.69	227.64	18.97	20.69	227.64	18.97	20.69	227.64	18.97	20.69
Dental	1,384.32	115.36	125.85	1,384.32	115.36	125.85	1,384.32	115.36	125.85	1,384.32	115.36	125.85
Total Cost	17,331.96	1,444.33	1,575.63	12,183.96	1,015.33	1,107.63	17,019.96	1,418.33	1,547.27	10,347.96	862.33	940.72
Employer's Contribution	17,331.96	1,444.33	1,575.63	12,183.96	1,015.33	1,107.63	17,019.96	1,418.33	1,547.27	10,347.96	862.33	940.72
Monthly Deductions		12	11		12	11		12	11		12	11
Total Cost - ER Contribution =	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Health Plans equal or below the employers contribution, employees will have a zero (0.00) contribution.

Updated: 6/17/19