CHARTER OAK UNIFIED SCHOOL DISTRICT

CLASSIFIED EMPLOYEES

2018-2019 SCHOOL YEAR - EMPLOYEE FRINGE BENEFITS

(Coverage Period: October 1, 2018 to September 30, 2019)

*** ALL EMPLOYEE OUT-OF-POCKET PREMIUMS WILL BE PRE-TAXED UNLESS DECLINCED BY EMPLOYEE IN WRITING BEFORE 8/17/18.**

8/8/2018

Payroll contributions and deductions will start on September 10 pay warrant

These unit members receiving benefits prior to March 1, 2007, shall continue to be eligible and receive a proration of premium payment for the insurance plan selected based on the proration their work assignment bears to full-time.

MEDICAL PLANS	TENTHLY PREMIUM	MAXIMUM DISTRICT CONTRIB	EMPLOYEE COST AFTER DISTRICT CONTRIBUTION (TENTHLY - Aug thru May Pay Period)									
			8 HOUR 100%	7 HOUR 87.50%	6.5 HOUR 81.25%	6 HOUR 75%	5.75 HOUR 71.88%	5.5 HOUR 68.75%	5 HOUR 62.50%	4.5 HOUR 56.25%	4 HOUR 50%	
Health Net - HMO												
One-party	936.98	831.98	105.00	209.00	261.00	313.00	338.95	364.99	416.99	468.99	520.99	
Two-party	1,786.87	1,586.62	200.25	398.58	497.74	596.91	646.41	696.07	795.23	894.40	993.56	
Family	2,463.44	2,187.37	276.07	549.49	686.20	822.91	891.16	959.62	1,096.33	1,233.04	1,369.76	
Health Net - Select												
One-party	2,078.62	1,845.69	232.93	463.64	579.00	694.35	751.94	809.71	925.06	1,040.42	1,155.78	
Two-party	4,152.01	2,187.37	1,964.64	2,238.06	2,374.77	2,511.48	2,579.73	2,648.19	2,784.90	2,921.61	3,058.33	
Family	5,406.29	2,187.37	3,218.92	3,492.34	3,629.05	3,765.76	3,834.01	3,902.47	4,039.18	4,175.89	4,312.61	
Kaiser												
One-party	750.82	750.82	0.00	93.85	140.78	187.71	211.13	234.63	281.56	328.48	375.41	
Two-party	1,434.06	1,434.06	0.00	179.26	268.89	358.52	403.26	448.14	537.77	627.40	717.03	
Family	1,974.65	1,974.65	0.00	246.83	370.25	493.66	555.27	617.08	740.49	863.91	987.33	

VISION & DENTAL PLANS	TENTHLY PREMIUM	MAXIMUM DISTRICT CONTRIB	EMPLOYEE COST AFTER DISTRICT CONTRIBUTION (TENTHLY - Aug thru May Pay Period)				
			8 HOUR 100%	7 HOUR 87.50%	6.5 HOUR 81.25%	6 HOUR 75%	
Delta Dental PPO plus Premier							EMPLOYEES EMPLOYED LESS THAN
Family	148.97	148.97	0.00	0.00	0.00	0.00	
DeltaCare USA HMO / MetLife Vision							6 HOURS, (OR 75%)
Family	70.48	70.48	0.00	0.00	0.00	0.00	
VSP Vision							ARE NOT ELIGIBLE FOR MEDICAL,
One-party	11.91	11.91	0.00	0.00	0.00	0.00	
Two-party	24.89	11.91	12.98	12.98	12.98	12.98	DENTAL OR VISION COVERAGE
Family	35.74	11.91	23.83	23.83	23.83	23.83	

LIFE INSURANCE	TENTHLY PREMIUM	MAXIMUM DISTRICT CONTRIB	EMPLOYEE COST AFTER DISTRICT CONTRIBUTION (TENTHLY)									
			8 HOUR 100%	7 HOUR 87.5%	6.5 HOUR 81.25%	6 HOUR 75%	5.5 HOUR 68.75%	5 HOUR 62.50%	4.5 HOUR 56.25%	4 HOUR 50%	3.5 HOUR 43.75%	3 HOUR 37.50%
The Hartford - Classified and Certificated Non-Represent												
Employee Only	6.62	6.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

LEGAL SERVICES	TENTHLY PREMIUM	DISTRICT CONTRIB	EMPLOYEE COST (TENTHLY)								
Hyatt-MetLaw	27.90	0.00	27.90	27.90	27.90	27.90	27.90	27.90	27.90	27.90	