

**Charter Oak Unified School District**  
**2018-2019 SCHOOL YEAR - EMPLOYEE HEALTH & WELFARE BENEFITS**  
**Active Certificated Employees**

**MEDICAL RATES SUBJECT TO CHANGE ON DECEMBER 1 PAY WARRANT**

**Coverage Period January 2019 through December 2019**

<b>ACTIVE CERTIFICATED EMPLOYEES</b>	<b>Total Monthly Premium (12thly)</b>	<b>*Total Premium Paid Monthly for 10 Months</b>	<b>*District Monthly Contribut. for 10 Months</b>	<b>*Employee Monthly Cost for 10 Months</b>	<b>*Employee Monthly Cost for 10 Months 85%</b>	<b>*Employee Monthly Cost for 10 Months 80%</b>	<b>*Employee Monthly Cost for 10 Months 60%</b>	<b>*Employee Monthly Cost for 10 Months 50%</b>
<b>UnitedHealthcare Signature Value HMO</b>								
Single	\$668.00	\$801.60	\$801.60	\$0.00	\$120.24	\$160.32	\$320.64	\$400.80
Two Party	\$1,410.00	\$1,692.00	\$1,692.00	\$0.00	\$253.80	\$338.40	\$676.80	\$846.00
Family	\$2,017.00	\$2,420.40	\$1,884.60	\$535.80	\$818.49	\$912.72	\$1,289.64	\$1,478.10

**RATES SUBJECT TO CHANGE FOR COVERAGE EFFECTIVE JANUARY 1, 2019 - WILL BE REFLECTED ON DECEMBER 1 PAY WARRANT**

<b>UnitedHealthcare Select Plus PPO</b>								
Single	\$985.00	\$1,182.00	\$1,182.00	\$0.00	\$177.30	\$236.40	\$472.80	\$591.00
Two Party	\$1,998.00	\$2,397.60	\$1,884.60	\$513.00	\$795.69	\$889.92	\$1,266.84	\$1,455.30
Family	\$2,827.00	\$3,392.40	\$1,884.60	\$1,507.80	\$1,790.49	\$1,884.72	\$2,261.64	\$2,450.10

**RATES SUBJECT TO CHANGE FOR COVERAGE EFFECTIVE JANUARY 1, 2019 - WILL BE REFLECTED ON DECEMBER 1 PAY WARRANT**

<b>Kaiser</b>								
Single	\$577.00	\$692.40	\$692.40	\$0.00	\$103.86	\$138.48	\$276.96	\$346.20
Two Party	\$1,184.00	\$1,420.80	\$1,420.80	\$0.00	\$213.12	\$284.16	\$568.32	\$710.40
Family	\$1,678.00	\$2,013.60	\$1,884.60	\$129.00	\$411.69	\$505.92	\$882.84	\$1,071.30

**RATES SUBJECT TO CHANGE FOR COVERAGE EFFECTIVE JANUARY 1, 2019 - WILL BE REFLECTED ON DECEMBER 1 PAY WARRANT**

**Coverage Period October through September**

<b>VISION AND DENTAL PLANS</b>	<b>Total Monthly Premium (12thly)</b>	<b>*Total Premium Paid Monthly for 10 Months</b>	<b>*District Monthly Contribut. for 10 Months</b>	<b>*Employee Monthly Cost for 10 Months</b>	<b>*Employee Monthly Cost for 10 Months 85%</b>	<b>*Employee Monthly Cost for 10 Months 80%</b>	<b>*Employee Monthly Cost for 10 Months 60%</b>	<b>*Employee Monthly Cost for 10 Months 50%</b>
<b>Delta Dental PPO plus Premier</b>								
Family		\$149.87	\$149.87	\$0.00	\$22.48	\$29.97	\$59.95	\$74.94

<b>DeltaCare USA HMO / MetLife Vision</b>								
Family		\$68.05	\$68.05	\$0.00	\$10.21	\$13.61	\$27.22	\$34.03

<b>VSP Vision</b>								
One Party		\$11.91	\$11.91	\$0.00	\$1.79	\$2.38	\$4.76	\$5.96
Two Party		\$24.89	\$11.91	\$12.98	\$14.77	\$15.36	\$17.74	\$18.94
Family		\$35.74	\$11.91	\$23.83	\$25.62	\$26.21	\$28.59	\$29.79

Updated 09/24/18

a) Medical Benefits provided by UnitedHealthcare and Kaiser through the CSBT / VEBA

\* All figures are converted to tenthly pay for accounting purposes