

**Charter Oak Unified School District**  
**2017-2018 SCHOOL YEAR - EMPLOYEE HEALTH & WELFARE BENEFITS**  
**Active Certificated Employees**

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

**Coverage Period January 2018 through December 2018**

<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	\$639.00	\$766.80	\$766.80	\$0.00	\$115.02	\$153.36	\$306.72	\$383.40
Two Party	\$1,349.00	\$1,618.80	\$1,618.80	\$0.00	\$242.82	\$323.76	\$647.52	\$809.40
Family	\$1,931.00	\$2,317.20	\$1,755.60	\$561.60	\$824.94	\$912.72	\$1,263.84	\$1,439.40

*RATES SUBJECT TO CHANGE FOR COVERAGE EFFECTIVE JANUARY 1, 2018 - WILL BE REFLECTED ON DECEMBER 1 PAY WARRANT*

<b>UnitedHealthcare Select Plus PPO</b>								
Single	\$951.00	\$1,141.20	\$1,141.20	\$0.00	\$171.18	\$228.24	\$456.48	\$570.60
Two Party	\$1,924.00	\$2,308.80	\$1,755.60	\$553.20	\$816.54	\$904.32	\$1,255.44	\$1,431.00
Family	\$2,720.00	\$3,264.00	\$1,755.60	\$1,508.40	\$1,771.74	\$1,859.52	\$2,210.64	\$2,386.20

*RATES SUBJECT TO CHANGE FOR COVERAGE EFFECTIVE JANUARY 1, 2018 - WILL BE REFLECTED ON DECEMBER 1 PAY WARRANT*

<b>Kaiser</b>								
Single	\$525.00	\$630.00	\$630.00	\$0.00	\$94.50	\$126.00	\$252.00	\$315.00
Two Party	\$1,077.00	\$1,292.40	\$1,292.40	\$0.00	\$193.86	\$258.48	\$516.96	\$646.20
Family	\$1,526.00	\$1,831.20	\$1,755.60	\$75.60	\$338.94	\$426.72	\$777.84	\$953.40

*RATES SUBJECT TO CHANGE FOR COVERAGE EFFECTIVE JANUARY 1, 2018 - 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 10/20/17

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

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