Certificated **Maximum District Contribution**

Employee Only	$661.38
Employee + One Dep.	$1,160.69
Employee + 2 or more Dep.	$1,309.69

3 Tier

Oct 2017 -Sep 2018

Rates for Monterey County and Nation wide

PPO PLAN 1B	Employee Only	EE+1	Full Family	11 Month Rates
Medical	$871.00	$1,742.00	$2,284.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $291.09
Total	$928.22	$1,856.58	$2,453.02	E1 = $737.33
District Pays	$661.38	$1,160.69	$1,309.69	FF = $1,225.45
Employee Pays	$266.84	$695.89	$1,123.33	

PPO PLAN 4B	Employee Only	EE+1	Full Family	
Medical	$773.00	$1,547.00	$2,011.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $184.19
Total	$830.22	$1,661.58	$2,180.02	E1 = $524.61
District Pays	$661.38	$1,160.69	$1,309.69	FF = $949.45
Employee Pays	$168.84	$480.89	$870.33	

PPO PLAN 6B	Employee Only	EE+1	Full Family	
Medical	$713.00	$1,426.00	$1,854.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $118.73
Total	$770.22	$1,540.58	$2,023.02	E1 = $392.61
District Pays	$661.38	$1,160.69	$1,309.69	FF = $778.18
Employee Pays	$108.84	$359.89	$713.33	

PPO PLAN 8B	Employee Only	EE+1	Full Family	
Medical	$578.00	$1,155.00	$1,502.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $0
Total	$635.22	$1,269.58	$1,671.02	E1 = $96.97
District Pays	$661.38	$1,160.69	$1,309.69	FF = $394.18
Employee Pays	$0.00	$88.89	$361.33	

HDHP 2	Employee Only	EE+1	Full Family	
Medical	$439.00	$877.00	$1,140.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $0
Total	$498.22	$991.58	$1,309.02	E1 = $0
District Pays	$661.38	$1,160.69	$1,309.69	FF = $0
Employee Pays	$0.00	$0.00	$0.00	

Bronze Plan	Employee Only	EE+1	Full Family	
Medical	$403.00	$806.00	$1,047.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $0
Total	$460.22	$920.58	$1,216.02	E1 = $0
District Pays	$661.38	$1,160.69	$1,309.69	FF = $0
Employee Pays	$0.00	$0.00	$0.00	

Wellness RX-C	Employee Only	EE+1	Full Family	
Medical	$722.00	$1,443.00	$1,876.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $128.55
Total	$779.22	$1,557.58	$2,045.02	E1 = $411.15
District Pays	$661.38	$1,160.69	$1,309.69	FF = $802.18
Employee Pays	$117.84	$396.89	$735.33	

Rates for Santa Cruz County & the HMO Plans inZip Codes 95076,95077

HMO Plan 1	Employee Only	EE+1	Full Family	11 Month Rates
Medical	$883.00	$1,764.00	$2,293.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $304.19
Total	$940.22	$1,878.58	$2,462.02	E1 = $723.15
District Pays	$661.38	$1,160.69	$1,309.69	FF = $1,207.99
Employee Pays	$278.84	$697.89	$1,152.33	

HMO Plan 2	Employee Only	EE+1	Full Family	
Medical	$882.00	$1,721.00	$2,237.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $281.28
Total	$919.22	$1,836.58	$2,406.02	E1 = $714.43
District Pays	$661.38	$1,160.69	$1,309.69	FF = $1,196
Employee Pays	$257.84	$854.89	$1,096.33	

HMO Bronze	Employee Only	EE+1	Full Family	
Medical	$774.00	$1,548.00	$2,007.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $185.28
Total	$831.22	$1,659.58	$2,176.02	E1 = $522.43
District Pays	$661.38	$1,160.69	$1,309.69	FF = $945.09
Employee Pays	$169.84	$478.89	$866.33	

Rates for Santa Clara County, San Jose area

Kaiser Plan 2	Employee Only	EE+1	Full Family	
Medical	$962.00	$1,654.00	$2,088.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $390.37
Total	$1,019.22	$1,768.58	$2,255.02	E1 = $641.33
District Pays	$661.38	$1,160.69	$1,309.69	FF = $1,031.27
Employee Pays	$357.84	$587.89	$945.33	

Kaiser Plan 3	Employee Only	EE+1	Full Family	
Medical	$949.00	$1,631.00	$2,057.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $376.19
Total	$1,006.22	$1,745.58	$2,226.02	E1 = $590.06
District Pays	$661.38	$1,160.69	$1,309.69	FF = $999.63
Employee Pays	$344.84	$564.89	$916.33	

Kaiser Plan 5	Employee Only	EE+1	Full Family	
Medical	$923.00	$1,585.00	$2,000.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $347.83
Total	$980.22	$1,699.58	$2,169.02	E1 = $556.06
District Pays	$661.38	$1,160.69	$1,309.69	FF = $937.45
Employee Pays	$318.84	$538.89	$859.33	

Kaiser Bronze	Employee Only	EE+1	Full Family	
Medical	$533.00	$915.00	$1,154.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $0
Total	$590.22	$1,029.58	$1,323.02	E1 = $0
District Pays	$661.38	$1,160.69	$1,309.69	FF = $14.54
Employee Pays	$0.00	$0.00	$13.33	

Kaiser Wellness	Employee Only	EE+1	Full Family	
Medical	$749.00	$1,287.00	$1,623.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $158.01
Total	$806.22	$1,401.58	$1,792.02	E1 = $240.97
District Pays	$661.38	$1,160.69	$1,309.69	FF = $526.18
Employee Pays	$144.84	$220.89	$482.33	

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Non-Represented Hourly — **Maximum District Contribution**

Employee Only	$450.00
Employee + One Dep.	$450.00
Employee + 2 or more Dep.	$450.00

3 Tier
Oct 2017 -Sep 2018

Rates for Monterey County and Nation wide

PPO PLAN 1B	Employee Only	EE+ 1	Full Family	11 Month Rates
Medical	$871.00	$1,742.00	$2,284.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $521.69
Total	$928.22	$1,856.58	$2,453.02	E1 = $1534.45
District Pays	$450.00	$450.00	$450.00	FF = $2163.29
Employee Pays	$478.22	$1,406.58	$1,883.02	

PPO PLAN 4B	Employee Only	EE+ 1	Full Family	
Medical	$773.00	$1,547.00	$2,011.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $414.76
Total	$830.22	$1,661.58	$2,180.02	E1 = $1321.72
District Pays	$450.00	$450.00	$450.00	FF = $1887.27
Employee Pays	$380.22	$1,211.58	$1,730.02	

PPO PLAN 6B	Employee Only	EE+ 1	Full Family	
Medical	$713.00	$1,426.00	$1,884.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $349.33
Total	$770.22	$1,540.58	$2,023.02	E1 = $1189.72
District Pays	$450.00	$450.00	$450.00	FF = $1716.02
Employee Pays	$320.22	$1,090.58	$1,573.02	

PPO PLAN 9B	Employee Only	EE+ 1	Full Family	
Medical	$678.00	$1,185.00	$1,502.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $202.06
Total	$835.22	$1,269.58	$1,671.02	E1 = $894.08
District Pays	$450.00	$450.00	$450.00	FF = $1332.02
Employee Pays	$185.22	$819.58	$1,221.02	

HDHP 2	Employee Only	EE+ 1	Full Family	
Medical	$439.00	$877.00	$1,140.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $50.42
Total	$496.22	$991.58	$1,309.02	E1 = $590.81
District Pays	$450.00	$450.00	$450.00	FF = $937.11
Employee Pays	$48.22	$541.58	$859.02	

Bronze Plan	Employee Only	EE+ 1	Full Family	
Medical	$403.00	$806.00	$1,047.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $11.15
Total	$460.22	$920.58	$1,216.02	E1 = $474.09
District Pays	$450.00	$450.00	$450.00	FF = $785.48
Employee Pays	$10.22	$470.58	$766.02	

Wellness RX-C	Employee Only	EE+ 1	Full Family	
Medical	$722.00	$1,443.00	$1,876.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $359.15
Total	$779.22	$1,557.58	$2,045.02	E1 = $1128.63
District Pays	$450.00	$450.00	$450.00	FF = $1636.39
Employee Pays	$329.22	$1,107.58	$1,595.02	

Rates for Santa Cruz County & the HMO Plans inZip Codes 95076,95077

HMO Plan 1	Employee Only	EE+ 1	Full Family	11 Month Rates
Medical	$885.00	$1,764.00	$2,293.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $534.79
Total	$940.22	$1,878.58	$2,462.02	E1 = $1520.27
District Pays	$450.00	$450.00	$450.00	FF = $2145.84
Employee Pays	$490.22	$1,428.58	$2,012.02	

HMO Plan 2	Employee Only	EE+ 1	Full Family	
Medical	$882.00	$1,721.00	$2,237.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $511.87
Total	$919.22	$1,835.58	$2,408.02	E1 = $1474.45
District Pays	$450.00	$450.00	$450.00	FF = $2085.84
Employee Pays	$469.22	$1,385.58	$1,958.02	

HMO Bronze	Employee Only	EE+ 1	Full Family	
Medical	$774.00	$1,545.00	$2,007.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $415.87
Total	$831.22	$1,659.58	$2,176.02	E1 = $1285.82
District Pays	$450.00	$450.00	$450.00	FF = $1840.39
Employee Pays	$381.22	$1,209.58	$1,726.02	

Rates for Santa Clara County, San Jose area

Kaiser Plan 2	Employee Only	EE+ 1	Full Family	
Medical	$862.00	$1,654.00	$2,088.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $620.97
Total	$1,019.22	$1,768.58	$2,255.02	E1 = $=1412.27
District Pays	$450.00	$450.00	$450.00	FF = $1936.39
Employee Pays	$569.22	$1,318.58	$1,805.02	

Kaiser Plan 3	Employee Only	EE+ 1	Full Family	
Medical	$949.00	$1,831.00	$2,057.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $606.79
Total	$1,006.22	$1,745.58	$2,226.02	E1 = $1387.18
District Pays	$450.00	$450.00	$450.00	FF = $1904.75
Employee Pays	$556.22	$1,295.58	$1,776.02	

Kaiser Plan 5	Employee Only	EE+ 1	Full Family	
Medical	$923.00	$1,585.00	$2,000.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $578.42
Total	$980.22	$1,699.58	$2,169.02	E1 = $1363.18
District Pays	$450.00	$450.00	$450.00	FF = $1875.30
Employee Pays	$530.22	$1,249.58	$1,719.02	

Kaiser Bronze	Employee Only	EE+ 1	Full Family	
Medical	$533.00	$915.00	$1,154.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $152.97
Total	$590.22	$1,029.58	$1,323.02	E1 = $632.27
District Pays	$450.00	$450.00	$450.00	FF = $952.39
Employee Pays	$140.22	$579.58	$873.02	

Kaiser Wellness	Employee Only	EE+ 1	Full Family	
Medical	$749.00	$1,267.00	$1,623.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $388.60
Total	$806.22	$1,401.58	$1,792.02	E1 = $1038.09
District Pays	$450.00	$450.00	$450.00	FF = $1464.02
Employee Pays	$356.22	$951.58	$1,342.02	

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Classified **Maximum District Contribution**

Employee Only	$552.00
Employee + One Dep.	$727.00
Employee + 2 or more Dep.	$902.00

4 Tier

OCT 2017-SEPT 2018

PPO PLAN 1C	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Full Family
Medical	$1,016.00	$1,820.00	$1,494.00	$1,494.00	$2,206.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$1,076.09**	**$1,929.36**	**$1,603.36**	**$1,653.79**	**$2,365.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$524.09	$1,202.36	$876.36	$751.79	$1,463.79

PPO PLAN 5C	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Full Family
Medical	$892.00	$1,598.00	$1,312.00	$1,312.00	$1,937.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$952.09**	**$1,707.36**	**$1,421.36**	**$1,471.79**	**$2,096.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$400.09	$980.36	$694.36	$569.79	$1,194.79

PPO PLAN 7C	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Full Family
Medical	$823.00	$1,473.00	$1,210.00	$1,210.00	$1,786.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$883.09**	**$1,582.36**	**$1,319.36**	**$1,369.79**	**$1,945.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$331.09	$855.36	$592.36	$467.79	$1,043.79

PPO PLAN 8C	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Full Family
Medical	$751.00	$1,345.00	$1,104.00	$1,104.00	$1,630.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$811.09**	**$1,454.36**	**$1,213.36**	**$1,263.79**	**$1,789.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$259.09	$727.36	$486.36	$361.79	$887.79

HDHP 2	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Full Family
Medical	$517.00	$924.00	$760.00	$760.00	$1,121.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$577.09**	**$1,033.36**	**$869.36**	**$919.79**	**$1,280.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$25.09	$306.36	$142.36	$17.79	$378.79

Bronze Plan	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Full Family
Medical	$475.00	$850.00	$698.00	$698.00	$1,030.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$535.09**	**$959.36**	**$807.36**	**$857.79**	**$1,189.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$0.00	$232.36	$80.36	$0.00	$287.79

Wellness RX-C	Employee Only	EE+ Spouse	EE +Child	EE+ Children	Employee + 2 or more
Medical	$851.00	$1,523.00	$1,251.00	$1,251.00	$1,846.00
Dental	$49.84	$90.31	$90.31	$129.84	$129.84
Vision	$10.25	$19.05	$19.05	$29.95	$29.95
Total	**$911.09**	**$1,632.36**	**$1,360.36**	**$1,410.79**	**$2,005.79**
District Pays	$552.00	$727.00	$727.00	$902.00	$902.00
Employee Pays	$359.09	$905.36	$633.36	$508.79	$1,103.79

MGMT/CONF **Maximum District Contribution**

Employee Only	$692.78
Employee + One Dep.	$1,212.09
Employee + 2 or more Dep.	$1,344.09

3 Tier

Oct 2017 -SEPT 2018

Rates for Monterey County and Nation wide

PPO PLAN 1B	Employee Only	EE+ 1	Full Family
Medical	$871.00	$1,742.00	$2,264.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$928.22	$1,856.58	$2,433.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$235.44	$644.49	$1,088.93

PPO PLAN 4B	Employee Only	EE+ 1	Full Family
Medical	$773.00	$1,547.00	$2,011.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$830.22	$1,661.58	$2,180.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$137.44	$449.49	$835.93

PPO PLAN 6B	Employee Only	EE+ 1	Full Family
Medical	$713.00	$1,426.00	$1,854.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$770.22	$1,540.58	$2,023.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$77.44	$328.49	$678.93

PPO PLAN 9B	Employee Only	EE+ 1	Full Family
Medical	$578.00	$1,155.00	$1,502.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$635.22	$1,269.58	$1,671.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$0.00	$57.49	$326.93

HDHP 2	Employee Only	EE+ 1	Full Family
Medical	$439.00	$877.00	$1,140.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$496.22	$991.58	$1,309.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$0.00	$0.00	$0.00

Bronze Plan	Employee Only	EE+ 1	Full Family
Medical	$403.00	$806.00	$1,047.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$460.22	$920.58	$1,216.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$0.00	$0.00	$0.00

Wellness RX-C	Employee Only	EE+ 1	Full Family
Medical	$722.00	$1,443.00	$1,876.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$779.22	$1,557.58	$2,045.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$86.44	$345.49	$700.93

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Rates for Santa Cruz County & the HMO Plans in zip cod

HMO Plan 1	Employee Only	EE+ 1	Full Family
Medical	$883.00	$1,764.00	$2,293.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$940.22	$1,878.58	$2,462.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$247.44	$666.49	$1,117.93

HMO Plan 2	Employee Only	EE+ 1	Full Family
Medical	$862.00	$1,721.00	$2,237.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$919.22	$1,835.58	$2,406.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$226.44	$623.49	$1,061.93

HMO Bronze	Employee Only	EE+ 1	Full Family
Medical	$774.00	$1,545.00	$2,007.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$831.22	$1,659.58	$2,176.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$138.44	$447.49	$831.93

Rates for Santa Clara County and zip code 95020

Kaiser Plan 2	Employee Only	EE+ 1	Full Family
Medical	$962.00	$1,654.00	$2,086.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$1,019.22	$1,768.58	$2,255.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$326.44	$556.49	$910.93

Kaiser Plan 3	Employee Only	EE+ 1	Full Family
Medical	$949.00	$1,631.00	$2,057.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$1,006.22	$1,745.58	$2,226.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$313.44	$533.49	$881.93

Kaiser Plan 5	Employee Only	EE+ 1	Full Family
Medical	$923.00	$1,585.00	$2,000.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$980.22	$1,699.58	$2,169.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$287.44	$487.49	$824.93

Kaiser Bronze	Employee Only	EE+ 1	Full Family
Medical	$533.00	$916.00	$1,154.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$590.22	$1,029.58	$1,323.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$0.00	$0.00	$0.00

Kaiser Wellness	Employee Only	EE+ 1	Full Family
Medical	$749.00	$1,287.00	$1,623.00
Dental	$45.31	$90.61	$133.66
Vision	$11.91	$23.97	$35.36
Total	$806.22	$1,401.58	$1,792.02
District Pays	$692.78	$1,212.09	$1,344.09
Employee Pays	$113.44	$189.49	$447.93

Student/Family Services- Certificated

Maximum District Contribution	
Employee Only	$613.00
Employee + One Dep.	$613.00
Employee + 2 or more Dep.	$613.00

3 Tier

Oct 2017 -Sep 2018

Rates for Monterey County and Nation wide

PPO PLAN 1B	Employee Only	EE+ 1	Full Family	11 Month Rates
Medical	$871.00	$1,742.00	$2,264.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $343.88
Total	$928.22	$1,856.58	$2,433.02	E1 = $1356.63
District Pays	$613.00	$613.00	$613.00	FF = $1985.48
Employee Pays	$315.22	$1,243.58	$1,820.02	

PPO PLAN 4B	Employee Only	EE+ 1	Full Family	
Medical	$773.00	$1,547.00	$2,011.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $236.97
Total	$830.22	$1,661.58	$2,180.02	E1 = $1143.91
District Pays	$613.00	$613.00	$613.00	FF = $1709.47
Employee Pays	$217.22	$1,048.58	$1,567.02	

PPO PLAN 6B	Employee Only	EE+ 1	Full Family	
Medical	$713.00	$1,428.00	$1,854.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $171.51
Total	$770.22	$1,540.58	$2,023.02	E1 = $1011.91
District Pays	$613.00	$613.00	$613.00	FF = $1538.20
Employee Pays	$157.22	$927.58	$1,410.02	

PPO PLAN 9B	Employee Only	EE+ 1	Full Family	
Medical	$578.00	$1,155.00	$1,502.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $24.24
Total	$635.22	$1,269.58	$1,671.02	E1 = $716.27
District Pays	$613.00	$613.00	$613.00	FF = $1154.20
Employee Pays	$22.22	$656.58	$1,058.02	

HDHP 2	Employee Only	EE+ 1	Full Family	
Medical	$439.00	$877.00	$1,140.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $0.00
Total	$498.22	$991.58	$1,309.02	E1 = $412.97
District Pays	$613.00	$613.00	$613.00	FF= $759.30
Employee Pays	$0.00	$378.58	$696.02	

Bronze Plan	Employee Only	EE+ 1	Full Family	
Medical	$403.00	$806.00	$1,047.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $0
Total	$460.22	$920.58	$1,216.02	E1 = $307.58
District Pays	$613.00	$613.00	$613.00	FF = $657.29
Employee Pays	$0.00	$307.58	$603.02	

Wellness RX-C	Employee Only	EE+ 1	Full Family	
Medical	$722.00	$1,443.00	$1,876.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $181.33
Total	$779.22	$1,557.58	$2,045.02	E1 = $1030.45
District Pays	$613.00	$613.00	$613.00	FF = $1562.20
Employee Pays	$166.22	$944.58	$1,432.02	

Rev. 7/2017

Rates for Santa Cruz County & the HMO Plans inZip Codes 95076,95077

HMO Plan 1	Employee Only	EE+ 1	Full Family	11 Month Rates
Medical	$883.00	$1,764.00	$2,293.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$940.22	$1,878.58	$2,462.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$327.22	$1,265.58	$1,849.02	

HMO Plan 2	Employee Only	EE+ 1	Full Family	
Medical	$882.00	$1,721.00	$2,237.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$919.22	$1,835.58	$2,406.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$306.22	$1,222.58	$1,793.02	

HMO Bronze	Employee Only	EE+ 1	Full Family	
Medical	$774.00	$1,545.00	$2,007.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$831.22	$1,659.58	$2,176.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$218.22	$1,046.58	$1,563.02	

Rates for Santa Clara County, San Jose area

Kaiser Plan 2	Employee Only	EE+ 1	Full Family	
Medical	$982.00	$1,664.00	$2,088.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$1,019.22	$1,768.58	$2,255.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$406.22	$1,155.58	$1,642.02	

Kaiser Plan 3	Employee Only	EE+ 1	Full Family	
Medical	$948.00	$1,631.00	$2,057.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$1,008.22	$1,745.58	$2,226.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$393.22	$1,132.58	$1,613.02	

Kaiser Plan 5	Employee Only	EE+ 1	Full Family	
Medical	$823.00	$1,585.00	$2,000.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$880.22	$1,699.58	$2,169.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$267.22	$1,086.58	$1,556.02	

Kaiser Bronze	Employee Only	EE+ 1	Full Family	
Medical	$533.00	$915.00	$1,154.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$590.22	$1,029.58	$1,323.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$0.00	$416.58	$710.02	

Kaiser Wellness	Employee Only	EE+ 1	Full Family	
Medical	$748.00	$1,287.00	$1,623.00	
Dental	$45.31	$90.61	$133.66	
Vision	$11.91	$23.97	$35.36	EE = $
Total	$806.22	$1,401.58	$1,792.02	E1 = $
District Pays	$613.00	$613.00	$613.00	FF = $
Employee Pays	$193.22	$788.58	$1,179.02	