

JEFFERSON UNION HIGH SCHOOL DISTRICT
Administrative Offices

MEDICAL PLANS
EMPLOYEE CONTRIBUTION AS OF JANUARY 1, 2020
ACTIVE EMPLOYEES

Kaiser –Continuing Plan-High Plan

Rates effective January 1, 2020

Plan 1 - \$20 Copay / 0% Hospital Inpatient
No Deductible
Limited Vision Coverage
With Chiropractic Care

	<u>12 Monthly Premium</u>	<u>12 Mo. Employer Contribution</u>	<u>12 Month Employee Contribution</u>	<u>10 Month Contribution</u>
Single	\$ 724.16	\$ 629.42	\$ 94.74	\$113.69
Two Party	\$1,448.31	\$1,166.07	\$ 282.24	\$338.69
Family Coverage	\$2,049.37	\$1,611.51	\$ 437.86	\$525.43

Kaiser-Continuing Plan-Deductible Plan

Plan 3 - \$40 Copay / 30% Hospital Inpatient

	<u>Monthly Premium</u>	<u>Mo. Employer Contribution</u>	<u>Employee Contribution</u>	<u>10 Month Contributions</u>
Single	\$ 561.04	\$ 561.04	\$ 00.00	\$00.00
Two Party	\$1,122.08	\$1,122.08	\$ 00.00	\$00.00
Family Coverage	\$1,587.75	\$1,573.13	\$ 14.62	\$17.54

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Blue Shield PPO \$25- Plan-NEW

Rates effective January 1, 2020

20% Coinsurance-Network

	<u>12 Monthly Premium</u>	<u>12 Mo Employer Contribution</u>	<u>12 Mo. Employee Contribution</u>	<u>10 Month Contribution</u>
Single	\$ 982.00	\$ 738.40	\$ 243.60	\$292.32
Two Party	\$1,960.00	\$1,383.24	\$ 576.76	\$692.11
Family Coverage	\$2,546.00	\$1,893.68	\$ 652.32	\$782.78

Blue Shield HMO Plan-NEW

Rates effective January 1, 2020

\$20 Copay /\$40 Outpatient Specialist/

	<u>12 Monthly Premium</u>	<u>12 Mo Employer Contribution</u>	<u>12 Mo. Employee Contribution</u>	<u>10 Month Contribution</u>
Single	\$1,005.00	\$ 738.40	\$ 266.60	\$ 319.92
Two Party	\$2,055.00	\$1,383.24	\$ 671.76	\$ 806.11
Family Coverage	\$2,912.00	\$1,893.68	\$ 1,018.32	\$1,221.98

The employee contributions shown are for twelve-month employees. Contributions for employees working less than twelve months are calculated proportionately.