ROSS VALLEY SCHOOL DISTRICT Health & Welfare Benefit Comparison 2018-2019

		Monthly Amounts			
Medical Effective 1-1-19 ~ Dental Effective 10-1-18			Employee	Employee	
			+ One	+ Two	% CHG
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2019)		62.89	125.80	182.41	18.06%
MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs	2/31/19)				
Blue Shield Access+ HMO NOT OFFERED	102	-	-	-	n/a
Anthem Blue Cross HMO Select (CA CARE) Large Care	454	831.44	1,662.88	2,161.74	-2.92%
Anthem Blue Cross HMO Traditional (CA CARE) Large Care	450	1,111.13	2,222.26	2,888.94	20.06%
Kaiser HMO	104	768.25	1,536.50	1,997.45	-1.49%
Health Net SmartCare HMO	375	901.55	1,803.10	2,344.03	4.41%
UnitedHealthcare HMO NOT OFFERED	426	-	_	-	n/a
Western Health Advantage PPOs	TBD	767.01	1,534.02	1,994.23	-3.22%
PERS-Choice (Blue Cross PPO)	106	866.27	1,732.54	2,252.30	8.25%
PERS-Select (Blue Cross PPO - smaller network of providers)	126	543.19	1,086.38	1,412.29	-24.29%
PERS-Care (Blue Cross PPO)	120	1,131.68	2,263.36	2,942.37	28.24%
INCOME PROTECTION PLAN (Mandatory ~ Certificated Only)	122	1,101.00	2,200.00	2,042.07	20.247
The Standard Group Disability		Sliding Scale	*See backsi	de for rate so	cale
Total Monthly with Kaiser & Delta Dental		831.14	000 000101		
		Monthly Amounts			
			-		
Medical Effective 1-1-18 ~ Dental Effective 10-1-17		Employee	Employee	Employee	% CHG
			-		% CHG
DENTAL (Mandatory)		Employee	Employee	Employee + Two	
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018)	2/31/18)	Employee Only	Employee + One	Employee + Two	
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1	2/31/18)	Employee Only	Employee + One	Employee + Two	
Medical Effective 1-1-18 ~ Dental Effective 10-1-17 DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs	2/31/18)	Employee Only	Employee + One	Employee + Two	% CHG 3.00%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs	2/31/18) 102	Employee Only	Employee + One	Employee + Two	3.00%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs Blue Shield Access+ HMO	-	Employee Only 53.27	Employee + One 106.55	Employee + Two 154.51	3.00%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care	102	Employee Only 53.27 889.02	Employee + One 106.55 1,778.04	Employee + Two 154.51 2,311.45	3.00% -13.25% 9.31%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care	102 454	Employee Only 53.27 889.02 856.41	Employee + One 106.55 1,778.04 1,712.82	Employee + Two 154.51 2,311.45 2,226.67	3.00% -13.25% 9.31% -6.52%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed)	102 454 450	Employee Only 53.27 889.02 856.41 925.47	Employee + One 106.55 1,778.04 1,712.82 1,850.94	Employee + Two 154.51 2,311.45 2,226.67 2,406.22	3.00% -13.25% 9.31% -6.52% 6.34%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO	102 454 450 104	Employee Only 53.27 889.02 856.41 925.47 779.86	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64	3.00% -13.25% 9.31% -6.52% 6.34% 17.75%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOs Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO UnitedHealthcare HMO Western Health Advantage	102 454 450 104 375	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72 1,726.96	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO UnitedHealthcare HMO Western Health Advantage PPOs	102 454 450 104 375 426	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48 1,371.84	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72 1,726.96 2,743.68	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05 3,566.78 2,060.66	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14% n/a
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO UnitedHealthcare HMO Western Health Advantage PPOS PERS-Choice (Blue Cross PPO)	102 454 450 104 375 426 106	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48 1,371.84 792.56 800.27	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72 1,726.96 2,743.68	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05 3,566.78	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14% n/a
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO UnitedHealthcare HMO Western Health Advantage PPOS PERS-Choice (Blue Cross PPO) PERS-Select (Blue Cross PPO)	102 454 450 104 375 426 106 126	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48 1,371.84 792.56 800.27 717.50	Employee + One 106.55 1,778.04 1,772.82 1,850.94 1,559.72 1,726.96 2,743.68 1,585.12 1,600.54 1,435.00	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05 3,566.78 2,060.66 2,080.70 1,865.50	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14% -3.62% -2.55%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO UnitedHealthcare HMO UnitedHealthcare HMO Western Health Advantage PPOs PERS-Choice (Blue Cross PPO) PERS-Select (Blue Cross PPO) PERS-Care (Blue Cross PPO)	102 454 450 104 375 426 106	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48 1,371.84 792.56 800.27	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72 1,726.96 2,743.68 1,585.12 1,600.54	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05 3,566.78 2,060.66 2,080.70	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14% -3.62% -2.55%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO Health Net SmartCare HMO UnitedHealthcare HMO UnitedHealthcare HMO Western Health Advantage PPOS PERS-Choice (Blue Cross PPO) PERS-Select (Blue Cross PPO) PERS-Care (Blue Cross PPO) INCOME PROTECTION PLAN (Mandatory ~ Certificated Only)	102 454 450 104 375 426 106 126	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48 1,371.84 792.56 800.27 717.50	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72 1,726.96 2,743.68 1,585.12 1,600.54 1,435.00 1,764.90	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05 3,566.78 2,060.66 2,080.70 1,865.50 2,294.37	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14% n/a -3.62% -2.55% -5.36%
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2018) MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 1 (Mandatory ~ Waiver allowed) HMOS Blue Shield Access+ HMO Anthem Blue Cross HMO Select (CA CARE) Large Care Anthem Blue Cross HMO Traditional (CA CARE) Large Care Kaiser HMO	102 454 450 104 375 426 106 126	Employee Only 53.27 889.02 856.41 925.47 779.86 863.48 1,371.84 792.56 800.27 717.50	Employee + One 106.55 1,778.04 1,712.82 1,850.94 1,559.72 1,726.96 2,743.68 1,585.12 1,600.54 1,435.00 1,764.90	Employee + Two 154.51 2,311.45 2,226.67 2,406.22 2,027.64 2,245.05 3,566.78 2,060.66 2,080.70 1,865.50	3.00% -13.25% 9.31% -6.52% 6.34% 17.75% 29.14% n/a -3.62% -2.55% -5.36%

PLEASE NOTE:

Open Enrollment Dates for Medical: 9/10/18-10/5/18 There is <u>No</u> Open Enrollment for <u>Dental</u> Coverage

- Effective 1/1/19 District H&W Cap for <u>Classified</u> Employees: \$831.14/mo or \$9,973.68/yr

- Effective 1/1/19 District H&W Cap for <u>Certificated</u> Employees: \$831.14/mo or \$9,973.68/yr plus Income Protection - For all employees hired after 1/1/2001 - the Cap is prorated by FTE

For more information:

- Blue Shield - www.blueshieldca.com/sites/calpersmember/home.sp or (800) 334-5847

- Kaiser Permanente - www.kp.org/calpers or (800) 464-4000

- PERS Select, Choice, Care (Anthem Blue Cross) - www.anthem.com/ca/calpers or (877) 737-7776

- Anthem Blue Cross HMO Select & Traditional www.anthem.com/ca/calpers or (855) 839-4524
- Health Net SmartCare www.healthnet.com/portal/member/content/iwc/mysites/calpers/home.action
- UnitedHealthcare -http://calpers.welcometouhc.com/
- CalPERS information & publications www.my.calpers.ca.gov or (888) 225-7377

		Certificated	Certificated	Classified	Classified		
Annual Salary Range		11thly Rates	12thly Rates	11thly Rates	12thly Rate		
From	То	Per Member Rates Effective 9/1/2013					
\$0	\$8,249	\$2.30	\$2.11	\$2.45	\$2.25		
\$8,250	\$11,249	\$3.00	\$2.75	\$3.20	\$2.93		
\$11,250	\$14,249	\$3.92	\$3.59	\$4.18	\$3.83		
\$14,250	\$17,249	\$4.83	\$4.43	\$5.16	\$4.73		
\$17,250	\$20,249	\$5.75	\$5.27	\$6.14	\$5.63		
\$20,250	\$23,249	\$6.68	\$6.12	\$7.12	\$6.53		
\$23,250	\$26,249	\$7.59	\$6.96	\$8.11	\$7.43		
\$26,250	\$29,249	\$8.52	\$7.81	\$9.09	\$8.33		
\$29,250	\$32,249	\$9.44	\$8.65	\$10.07	\$9.23		
\$32,250	\$35,249	\$10.36	\$9.50	\$11.05	\$10.13		
\$35,250	\$38,249	\$11.28	\$10.34	\$12.03	\$11.03		
\$38,250	\$41,249	\$12.20	\$11.18	\$13.01	\$11.93		
\$41,250	\$44,249	\$13.11	\$12.02	\$14.00	\$12.83		
\$44,250	\$47,249	\$14.04	\$12.87	\$14.98	\$13.73		
\$47,250	\$50,249	\$14.96	\$13.71	\$15.96	\$14.63		
\$50,250	\$53,249	\$15.88	\$14.56	\$16.94	\$15.53		
\$53,250	\$56,249	\$16.88	\$15.47	\$18.00	\$16.50		
\$56,250	\$59,249	\$17.85	\$16.36	\$18.89	\$17.32		
\$59,250	\$62,249	\$18.77	\$17.21	\$19.88	\$18.22		
\$62,250	\$65,249	\$19.70	\$18.06	\$20.86	\$19.12		
\$65,250	\$68,249	\$20.63	\$18.91	\$21.84	\$20.02		
\$68,250	\$71,249	\$21.56	\$19.76	\$22.82	\$20.92		
\$71,250	\$74,249	\$22.48	\$20.61	\$23.80	\$21.82		
\$74,250	\$77,249	\$23.41	\$21.46	\$24.79	\$22.72		
\$77,250	\$80,249	\$24.34	\$22.31	\$25.77	\$23.62		
\$80,250	\$83,249	\$25.27	\$23.16	\$26.75	\$24.52		
\$83,250	\$86,249	\$26.19	\$24.01	\$27.73	\$25.42		
\$86,250	\$89,249	\$27.12	\$24.86	\$28.71	\$26.32		
\$89,250	\$92,249	\$28.05	\$25.71	\$29.69	\$27.22		
\$92,250	\$95,249	\$28.97	\$26.56	\$30.68	\$28.12		
\$95,250	\$98,249	\$29.90	\$27.41	\$31.66	\$29.02		
\$98,250	\$101,249	\$30.83	\$28.26	\$32.64	\$29.92		
\$101,250	\$104,249	\$31.76	\$29.11	\$33.62	\$30.82		
\$104,250	\$107,249	\$32.68	\$29.96	\$34.60	\$31.72		
\$107,250	\$110,249	\$33.61	\$30.81	\$35.59	\$32.62		
\$110,250	\$113,249	\$34.54	\$31.66	\$36.57	\$33.52		
\$113,250	\$116,249	\$35.47	\$32.51	\$37.55	\$34.42		
\$116,250	\$119,249	\$36.39	\$33.36	\$38.53	\$35.32		
\$119,250	\$122,249	\$37.32	\$34.21	\$39.51	\$36.22		
\$122,250	\$125,249	\$38.25	\$35.06	\$40.49	\$37.12		
\$125,250	\$128,249	\$39.17	\$35.91	\$41.48	\$38.02		
\$128,250	\$131,249	\$40.10	\$36.76	\$42.46	\$38.92		
\$131,250	\$134,249	\$41.03	\$37.61	\$43.44	\$39.82		
\$134,250	\$137,249	\$41.96	\$38.46	\$44.42	\$40.72		
\$137,250	\$140,249	\$42.88	\$39.31	\$45.40	\$41.62		
\$140,250	\$143,249	\$43.81	\$40.16	\$46.39	\$42.52		

Standard Insurance Company - Group Disability Insurance