

2017 Medical Plan Premium Contributions

BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS

BI-WEEKLY 26 PAY PERIODS

	BLUE SHIELD HMO		KAISER PERMANENTE HMO		CITY HEALTH PLAN PPO	
	District Pays	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays
Employee Only	\$320.83	\$26.36	\$268.86	0	\$220.56	\$149.78
Employee +1	\$554.23	\$138.12	\$442.83	\$92.88	\$365.98	\$354.52
Employee +2 or more	\$661.89	\$316.92	\$500.32	\$256.87	\$413.62	\$597.41

CLASSIFIED EMPLOYEES

BI-WEEKLY 26 PAY PERIODS

	BLUE SHIELD HMO		KAISER PERMANENTE HMO		CITY HEALTH PLAN PPO	
	District Pays	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays
Employee Only	\$324.68	\$22.51	\$268.86	0	\$223.92	\$146.42
Employee +1	\$525.77	\$166.58	\$414.32	\$121.39	\$384.46	\$336.04
Employee +2 or more	\$621.22	\$357.59	\$459.26	\$297.93	\$572.61	\$438.42

CLASSIFIED SCHOOL TERM EMPLOYEES

BI-WEEKLY 21 PAY PERIODS

	BLUE SHIELD HMO		KAISER PERMANENTE HMO		CITY HEALTH PLAN PPO	
	District Pays	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays
Employee Only						
December 31 – June 2	\$472.26	\$32.74	\$391.07	0	\$325.70	\$212.97
August 12 – December 29	\$324.68	\$22.51	\$268.86	0	\$223.92	\$146.42
Employee +1						
December 31 – June 2	\$764.76	\$242.30	\$602.65	\$176.57	\$559.21	\$488.79
August 12 – December 29	\$525.77	\$166.58	\$414.32	\$121.39	\$384.46	\$336.04
Employee +2 or more						
December 31 – June 2	\$903.59	\$520.13	\$668.01	\$433.35	\$832.89	\$637.70
August 12 – December 29	\$621.22	\$357.59	\$459.26	\$297.93	\$572.61	\$438.42

Classified School Term Employees January to May deductions (11 pay periods) include a 1.454 rate to prepay premiums for the summer coverage period.

2017 Medical Plan Premium Contributions

FACULTY

MONTHLY 12 PAY PERIODS

	BLUE SHIELD HMO		KAISER PERMANENTE HMO		CITY HEALTH PLAN PPO	
	District Pays	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays
Employee Only	\$695.11	\$57.14	\$582.54	0	\$477.86	\$324.54
Employee +1	\$1,220.62	\$279.47	\$994.73	\$165.97	\$809.42	\$751.67
Employee +2 or more	\$1,470.31	\$650.45	\$1,142.70	\$497.87	\$925.91	\$1,264.66

CERTIFICATED ADMINISTRATORS

MONTHLY 12 PAY PERIODS

	BLUE SHIELD HMO		KAISER PERMANENTE HMO		CITY HEALTH PLAN PPO	
	District Pays	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays
Employee Only	\$695.11	\$57.14	\$582.54	0	\$477.86	\$324.54
Employee +1	\$1,200.83	\$299.26	\$959.47	\$201.23	\$792.93	\$768.16
Employee +2 or more	\$1,434.10	\$686.66	\$1,084.02	\$556.55	\$896.17	\$1,294.40

PART-TIME FACULTY EMPLOYEES

MONTHLY 9 PAY PERIODS

	BLUE SHIELD HMO		KAISER PERMANENTE HMO		CITY HEALTH PLAN PPO	
	District Pays	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays
Employee Only						
January 1 - May 31	\$1,112.18	\$91.42	\$932.06	\$0.00	\$764.58	\$519.26
September 1 – December 31	\$695.11	\$57.14	\$582.54	\$0.00	\$477.86	\$324.54
Employee +1						
January 1 - May 31	\$1,952.99	\$447.15	\$1,591.57	\$265.55	\$1,295.07	\$1,202.67
September 1 – December 31	\$1,220.62	\$279.47	\$994.73	\$165.97	\$809.42	\$751.67
Employee +2 or more						
January 1 - May 31	\$2,352.50	\$1,040.72	\$1,828.32	\$796.59	\$1,481.46	\$2,023.46
September 1 – December 31	\$1,470.31	\$650.45	\$1,142.70	\$497.87	\$925.91	\$1,264.66

Part-time Faculty Employees January to May deductions (5 pay periods) include a 1.60 rate to prepay premiums for the summer coverage period.