

Certificated Active Employees

If you were hired AFTER July 1, 2014 - [Click here](#)

Summary of Contributions for Employees Hired BEFORE July 1, 2014

The total cost of the plan premiums increased this year and both employees and the District will be paying more, with the District absorbing most of the increases. The tables below summarize your contribution amounts that will become effective July 1, 2016. Remember, your contributions for health care coverage are deducted tenths and before taxes which are calculated each pay period, which effectively lower your tax liability.

Medical

Kaiser Permanente HMO

Contribution Percentage		Single	Two-Party	Family
Total Plan Cost		\$536.17	\$1,072.33	\$1,517.35
What the District Pays	94%	- \$504.00	- \$1,007.99	- \$1,426.31
What You Pay	6%	\$32.17	\$64.34	\$91.04

Blue Shield Trio ACO HMO

Contribution Percentage		Single	Two-Party	Family
Total Plan Cost		\$610.87	\$1,261.93	\$1,818.96
What the District Pays	98%	- \$598.65	- \$1,236.69	- \$1,782.58
What You Pay	2%	\$12.22	\$25.24	\$36.38

Blue Shield Access+ HMO

Contribution Percentage		Single	Two-Party	Family
Total Plan Cost		\$675.12	\$1,395.19	\$2,010.57
What the District Pays	92%	- \$621.11	- \$1,283.57	- \$1,849.72
What You Pay	8%	\$54.01	\$111.62	\$160.85

Blue Shield Spectrum PPO

Contribution Percentage		Single	Two-Party	Family
Total Plan Cost		\$970.51	\$2,015.28	\$2,894.86
What the District Pays	85%	- \$824.93	- \$1,712.99	- \$2,460.63
What You Pay	15%	\$145.58	\$302.29	\$434.23

Dental

DeltaCare USA DHMO

	Single	Two-Party	Family
Total Plan Cost	\$20.11	\$33.19	\$49.06
What the District Pays	- \$20.11	- \$33.19	- \$49.06
What You Pay	\$0.00	\$0.00	\$0.00

Delta Dental Network DPPO

	Single	Two-Party	Family
Total Plan Cost	\$54.97	\$152.82	\$207.84
What the District Pays	- \$54.97	- \$55.51	- \$55.51
What You Pay	\$0.00	\$97.31	\$152.33

Delta Dental Incentive DPPO

	Single	Two-Party	Family
Total Plan Cost	\$68.72	\$191.03	\$259.85
What the District Pays	- \$68.72	- \$61.91	- \$61.91
What You Pay	\$0.00	\$129.12	\$197.94

Certificated Active Employees

If you were hired BEFORE July 1, 2014 - [Click here](#)

Summary of Contributions for Employees Hired AFTER July 1, 2014

For Certificated employees hired after July 1, 2014 the District only pays their cost of the lowest cost HMO plan. This means you are responsible for the difference between the lowest costing HMO. The tables below summarize your contribution amount that will become effective July 1, 2016. Your contributions for health care coverage are deducted tenthly and before taxes which are calculated each pay period, which effectively lower your tax liability.

Medical

Kaiser Permanente HMO

Contribution Percentage		Single	Two-Party	Family
Total Plan Cost		\$536.17	\$1,072.33	\$1,517.35
What the District Pays	94%	- \$504.00	- \$1,007.99	- \$1,426.31
What You Pay	6%	\$32.17	\$64.34	\$91.04

Blue Shield Trio ACO HMO

		Single	Two-Party	Family
Total Plan Cost		\$610.87	\$1,261.93	\$1,818.96
What the District Pays	Lowest Cost HMO	- \$504.00	- \$1,007.99	- \$1,426.31
What You Pay	Difference	\$106.87	\$253.94	\$392.65

Blue Shield Access+ HMO

		Single	Two-Party	Family
Total Plan Cost		\$675.12	\$1,395.19	\$2,010.57
What the District Pays	Lowest Cost HMO	- \$504.00	- \$1,007.99	- \$1,426.31
What You Pay	Difference	\$171.12	\$387.20	\$584.26

Blue Shield Spectrum PPO

		Single	Two-Party	Family
Total Plan Cost		\$970.51	\$2,015.28	\$2,894.86
What the District Pays	Lowest Cost HMO	- \$504.00	- \$1,007.99	- \$1,426.31
What You Pay	Difference	\$466.51	\$1,007.29	\$1,468.55

Dental

DeltaCare USA DHMO

	Single	Two-Party	Family
Total Plan Cost	\$20.11	\$33.19	\$49.06
What the District Pays	- \$20.11	- \$33.19	- \$49.06
What You Pay	\$0.00	\$0.00	\$0.00

Delta Dental Network DPPO

	Single	Two-Party	Family
Total Plan Cost	\$54.97	\$152.82	\$207.84
What the District Pays	- \$54.97	- \$55.51	- \$55.51
What You Pay	\$0.00	\$97.31	\$152.33

Delta Dental Incentive DPPO

	Single	Two-Party	Family
Total Plan Cost	\$68.72	\$191.03	\$259.85
What the District Pays	- \$68.72	- \$61.91	- \$61.91
What You Pay	\$0.00	\$129.12	\$197.94