

San Bernardino County Superintendent of Schools
2015-2016 Health and Welfare Rates & Employee Share Cost Sheet

	Rates Effective July 1, 2015	Superintendents' Contribution	Off Set	Per Month Employee Contribution	Superintendents' Cash Incentive
Kaiser Permanente					
Plan #1 / \$20 copay	1,140.09	1,126.49		13.60	0.00
Plan #1 - Employee Only - CSEA less than 6 hrs	551.75	538.15		13.60	0.00
Plan #2 / \$30 copay	1,076.80	1,076.80		0.00	0.00
Plan #3 / 1300 single / 2000 Family (HDHP)	887.84	887.84		0.00	\$1300/\$2600 Single/Family
Anthem Blue Cross					
HMO (Health Maintenance Organization)					
HMO Plan #1 / \$10 copay - 0/30/60 Meds	1,526.96	1,126.49	(41.66)	358.81	0.00
HMO Plan #2 / \$20 copay - 10/20/30 Meds	1,508.15	1,126.49	(41.66)	340.00	0.00
HMO Plan #2 - Employee Only - CSEA less than 6 hrs	640.30	551.75	(41.66)	46.89	0.00
HMO Plan #3 / \$30 copay - 10/20/30 Meds	1,353.57	1,126.49	(41.66)	185.42	0.00
PPO (Preferred Provider Organization)					
PPO Plan #1 - 350 single / 700 Family	2,367.70	1,126.49		1,241.21	0.00
PPO Plan #2 - 1500 single / 3000 Family (HDHP)	1,001.03	1,001.03		0.00	\$1500/\$3000 Single / Family
PPO Needles/Trona	2,144.79	2,144.79		0.00	0.00
Delta Dental of California PPO					
Plan #1 - No Orthodontics					
\$2500 in-network / \$2000 out-of-network	110.57	110.57		0.00	0.00
Plan #2 - With Orthodontics					
\$2000 in-network / \$1500 out-of-network	107.27	107.27		0.00	0.00
\$2000 Adults & Children Ortho Benefit					
Medical Eye Services (MES)					
Vision Plan #1					
\$75 Frame Allowance / \$100 Contacts	17.48	17.48		0.00	0.00
Vision Plan #2					
\$130 Frame Allow / \$130 Contacts / \$130 progressive	21.77	17.48		4.29	0.00
Life Insurance					
\$50,000 Employer Sponsored Life Insurance	4.17	4.17		0.00	0.00
Medical Opt-out Incentive					
Decline Medical. Continue with dental, vision and life	N/A	N/A		0.00	325.00 Per Month