



## Classified CSEA 651 Employees ONLY

### 2020-2021 Benefit Plan Premiums and District Contribution Benefit Year: October 1, 2020 – September 30, 2021

If you are adding a dependent, verification **must** be provided to Human Resources.

- Dependent Verification documents for adding spouse or domestic partner include; Filed Tax return showing joint filing.
- Dependent verification documents for children include: Birth Certificate, Adoption Paperwork or Document Granting Legal Guardianship by the court, up until age 18.

Classified CSEA 651 Monthly District Contribution		
Single-Party	Two-Party	Family
\$1,050.69	\$1,448.83	\$1,861.83

	Single-Party	Two-Party	Family
<b>Medical Plans</b>			
<b>HMO</b>			
Kaiser Permanente \$15; Rx \$5-20 (30 Day)	\$687.00	\$1,374.00	\$1,787.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day)	\$735.00	\$1,471.00	\$1,912.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day)	\$696.00	\$1,381.00	\$1,802.00
Blue Shield Full Network \$10; Rx \$5-20 (30 Day)	\$724.00	\$1,440.00	\$1,879.00
<b>PPO</b>			
Blue Shield 90G \$20; Rx \$5-20 (30 Day)	\$786.00	\$1,566.00	\$2,044.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day)	\$916.00	\$1,836.00	\$2,398.00
Blue Shield 2-Tier Anchor Bronze (Spouses are not eligible)	\$481.00	\$981.00	\$981.00
<b>Dental Plan</b>	<b>Composite</b>		
DeltaCare HMO	\$37.13		
Delta Dental PPO Plan 1500; \$2,000 Orthodontics	\$107.40		
Delta Dental PPO Incentive Plan Unlimited; \$2,000 Orthodontics	\$149.40		
<b>Vision Plan</b>	<b>Composite</b>		
VSP Signature Plan C, Single \$0 Copay	\$27.70		
<b>Basic Life Insurance</b>	<b>Composite</b>		
MetLife Basic Life and AD&D - \$75,000	\$10.00		