

# DUBLIN SCHOOLS

## DUBLIN UNIFIED SCHOOL DISTRICT

TO: District Employees  
FROM: Joe Sorrera, Assistant Superintendent, Business Services  
DATE: September 14, 2018  
RE: Medical 2018-2019  
Dental 2018-2019

### MEDICAL:

- CalPERS Health Benefit Plan – CalPERS medical premiums are effective January 1<sup>st</sup> through December 31<sup>st</sup>. **Premiums are deducted the month prior to the effective date, and will begin with the December 2018 payroll check.** Premium rates are as follows, effective January 2019:

| <u>HMO</u>   | <u>Prior Year</u>               | <u>New Rates</u>                |   |
|--|---------------------------------|---------------------------------|---|
|  | 01/01/18 – 12/31/18             | 1/01/19 – 12/31/19              | 1/01/19 – 12/31/19                              |
| <u>Description</u>   | <u>Premiums</u><br>(12 monthly) | <u>Premiums</u><br>(12 monthly) | <u>Premiums</u><br><b>(12 monthly, 10 pay)*</b> |
| <u>Kaiser</u>  |                                 |                                 |   |
| Single   | \$779.86                        | \$768.25                        | \$921.90  |
| Two-Party  | \$1559.72                       | \$1536.50                       | \$1843.80                                       |
| Family   | \$2027.64                       | \$1997.45                       | \$2396.94                                       |
| <u>HealthNet SmartCare - ****Not available in All Counties Please Check - www.calpers.ca.gov</u> |                                 |                                 |   |
| Single   | \$863.48                        | \$901.55                        | \$1081.86                                       |
| Two-Party  | \$1726.96                       | \$1803.10                       | \$2163.72                                       |
| Family   | \$2245.05                       | \$2344.03                       | \$2812.84                                       |
| <u>Blue Shield Access + ****Not Available in All Counties Please Check - www.calpers.ca.gov</u>  |                                 |                                 |   |
| Single   | \$889.02                        | \$970.90                        | \$1165.08                                       |
| Two-Party  | \$1778.04                       | \$1941.80                       | \$2330.16                                       |
| Family   | \$2311.45                       | \$2524.34                       | \$3029.21                                       |
| <u>Anthem Select HMO</u>   |                                 |                                 |   |
| Single   | \$856.41                        | \$831.44                        | \$997.73  |
| Two-Party  | \$1712.82                       | \$1662.88                       | \$1995.46                                       |
| Family   | \$2226.67                       | \$2161.74                       | \$2594.09                                       |
| <u>Anthem Traditional HMO</u>  |                                 |                                 |   |
| Single   | \$925.47                        | \$1111.13                       | \$1333.36                                       |
| Two-Party  | \$1850.94                       | \$2222.26                       | \$2666.71                                       |
| Family   | \$2406.22                       | \$2888.94                       | \$3466.73                                       |
| <u>Western Health Care</u>   |                                 |                                 |   |
| Single   | \$00                            | \$767.01                        | \$920.41  |
| Two-Party  | \$00                            | \$1534.02                       | \$1840.82                                       |
| Family   | \$00                            | \$1994.23                       | \$2393.08                                       |

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| <u>PPO</u>         | <u>Prior Year</u>               | <u>New Rates</u>                |   |
|--------------------|---------------------------------|---------------------------------|---|
|                    | 01/01/18 – 12/31/18             | 1/01/19 – 12/31/19              | 1/01/19– 12/31/19                               |
| <u>Description</u> | <u>Premiums</u><br>(12 monthly) | <u>Premiums</u><br>(12 monthly) | <u>Premiums</u><br><b>(12 monthly, 10 pay)*</b> |
| <u>PERS Care</u>   |                                 |                                 |   |
| Single             | \$882.45                        | \$1131.68                       | \$1358.02                                       |
| Two-Party          | \$1764.90                       | \$2263.36                       | \$2716.03                                       |
| Family             | \$2294.37                       | \$2942.37                       | \$3530.84                                       |
| <u>PERS Choice</u> |                                 |                                 |   |
| Single             | \$800.27                        | \$866.27                        | \$1039.52                                       |
| Two-Party          | \$1600.54                       | \$1732.54                       | \$2079.05                                       |
| Family             | \$2080.70                       | \$2252.30                       | \$2702.76                                       |
| <u>PERS Select</u> |                                 |                                 |   |
| Single             | \$717.50                        | \$543.19                        | \$651.83  |
| Two-Party          | \$1435.00                       | \$1086.38                       | \$1303.66                                       |
| Family             | \$1865.50                       | \$1412.29                       | \$1694.75                                       |

**\*NOTE:** For 10-month employees opting for 12 monthly paychecks, premiums will be calculated with additional amounts deducted over the ten months to cover the summer paychecks with no premium payments.

**To change health plans, enroll in a health plan for the first time, or add a family member you must complete the Health Benefit Plan Form September 10<sup>th</sup> to October 5<sup>th</sup> 2018. This form is available in the Payroll Office and Human Resources.**

### **DENTAL: PLEASE NOTE DELTA DENTAL IS NOT AN OPEN ENROLLMENT PLAN**

- Delta Dental – Delta Dental premiums are effective October 1, 2018 through September 30, 2019

| <u>Description</u>                      | Premiums for <u>12-Pay</u>   | 10/1/18-9/30/19<br><u>Premiums</u> |
|---|------------------------------|------------------------------------|
| <u>Classified</u>                       |                              |                                    |
| Subscriber                              |                              | \$54.00                            |
| Subscriber & One Dependent              |                              | \$102.70                           |
| Subscriber & Two or More Dependents     |                              | \$157.20                           |
| <u>Certificated</u>                     |                              |                                    |
| Composite Rate – Certificated Employees |                              | \$136.10                           |
|   | Additional for <u>10-Pay</u> |                                    |
| Subscriber                              |                              | \$10.80                            |
| Subscriber & One Dependent              |                              | \$20.54                            |
| Subscriber and Two or more Dependents   |                              | \$31.44                            |

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If you have any questions, please contact the Anne Stevens or Cathy Thomas in the Payroll Department at extension 8047 or 8048.

Cc: Leslie Boozer  
Mark McCoy  
Joe Sorrera  
Jaci Alves  
Richard Beard  
Robbie Kreitz  
Anne Stevens  
Cathy Thomas