



**Mountain View Whisman School District
Employee Health Insurance Matrix
Monthly Premiums- PRORATED STAFF
January 1, 2019 to December 31, 2019
ALL STAFF**

District Contribution Rates of Monthly Premium Amount The District pays 95% of monthly premium for Single. The District pays 90% of monthly premium for Two-Party. The District pays 85% of monthly premium for Family.	FTE-Prorated The District contribution is prorated based on the employee's FTE status.
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Medical

KAISER HMO

HIGH PLAN

	Single	Two Party	Family
Premium Rate	\$637.27	\$1,274.53	\$1,803.46

DD \$0 , OV \$20, IP \$500, Prescriptions \$10/\$25

Hours	FTE	Employee Portion		
8.00	100.00%	\$31.86	\$127.45	\$270.52
7.00	87.50%	\$107.54	\$270.83	\$462.14
6.00	75.00%	\$183.21	\$414.22	\$653.75
5.00	62.50%	\$258.89	\$557.60	\$845.37
4.00	50.00%	\$334.56	\$700.99	\$1,036.99

MID PLAN

	Single	Two Party	Family
Premium Rate	\$604.58	\$1,209.16	\$1,710.96

DD \$500 , OV \$20, IP 90%/10%, Prescriptions \$10/\$30

Hours	FTE	Employee Portion		
8.00	100.00%	\$30.23	\$120.92	\$256.64
7.00	87.50%	\$102.02	\$256.95	\$438.43
6.00	75.00%	\$173.82	\$392.98	\$620.22
5.00	62.50%	\$245.61	\$529.01	\$802.01
4.00	50.00%	\$317.40	\$665.04	\$983.80

LOW PLAN

	Single	Two Party	Family
Premium Rate	\$502.97	\$1,005.93	\$1,423.40

DD \$3,000 , OV \$40, IP 70%/30%, Prescriptions \$10/\$30

Hours	FTE	Employee Portion		
8.00	100.00%	\$25.15	\$100.59	\$213.51
7.00	87.50%	\$84.88	\$213.76	\$364.75
6.00	75.00%	\$144.60	\$326.92	\$515.98
5.00	62.50%	\$204.33	\$440.09	\$667.22
4.00	50.00%	\$264.06	\$553.26	\$818.45

Blue Cross HMO

HIGH PLAN

	Single	Two Party	Family
Premium Rate	\$986.62	\$1,973.25	\$2,792.16

DD \$0, OV \$30, IP \$750

Hours	FTE	Employee Portion		
8.00	100.00%	\$49.33	\$197.32	\$418.82
7.00	87.50%	\$166.49	\$419.31	\$715.49
6.00	75.00%	\$283.65	\$641.30	\$1,012.15
5.00	62.50%	\$400.81	\$863.29	\$1,308.82
4.00	50.00%	\$517.97	\$1,085.28	\$1,605.49

MID PLAN

	Single	Two Party	Family
Premium Rate	\$916.95	\$1,833.89	\$2,594.94

DD \$250, OV \$30, IP 10%

Hours	FTE	Employee Portion		
8.00	100.00%	\$45.85	\$183.39	\$389.24
7.00	87.50%	\$154.74	\$389.70	\$664.95
6.00	75.00%	\$263.62	\$596.01	\$940.66
5.00	62.50%	\$372.51	\$802.33	\$1,216.38
4.00	50.00%	\$481.40	\$1,008.64	\$1,492.09

LOW PLAN

	Single	Two Party	Family
Premium Rate	\$810.47	\$1,620.97	\$2,293.67

DD \$500, OV \$40, IP 30%

Hours	FTE	Employee Portion		
8.00	100.00%	\$40.52	\$162.10	\$344.05
7.00	87.50%	\$136.76	\$344.46	\$587.75
6.00	75.00%	\$233.01	\$526.82	\$831.45
5.00	62.50%	\$329.25	\$709.18	\$1,075.16
4.00	50.00%	\$425.49	\$891.53	\$1,318.86

Anthem Blue Cross Lumenos HSA Plan

	Single	Two Party	Family
Premium Rate	\$974.67	\$2,046.81	\$2,924.01

DD \$2,700, IP 0%/30%

Hours	FTE	Employee Portion		
8.00	100.00%	\$48.73	\$204.68	\$438.60
7.00	87.50%	\$164.47	\$434.95	\$749.28
6.00	75.00%	\$280.21	\$665.21	\$1,059.95
5.00	62.50%	\$395.96	\$895.48	\$1,370.63
4.00	50.00%	\$511.70	\$1,125.74	\$1,681.30



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Delta Dental

	Single	Two Party	Family
Premium Rate	\$62.44	\$113.74	\$171.89

Hours	FTE	Employee Portion		
8.00	100.00%	\$3.12	\$11.37	\$25.78
7.00	87.50%	\$10.53	\$24.17	\$44.04
6.00	75.00%	\$17.95	\$36.96	\$62.31
5.00	62.50%	\$25.36	\$49.76	\$80.57
4.00	50.00%	\$32.78	\$62.55	\$98.83

Vision Service Plan aka VSP

	Single	Two Party	Family
Premium Rate	\$11.88	\$24.81	\$35.65

Copay: Office Visit \$10

Hours	FTE	Employee Portion		
8.00	100.00%	\$0.59	\$2.48	\$5.35
7.00	87.50%	\$2.00	\$5.27	\$9.14
6.00	75.00%	\$3.41	\$8.06	\$12.92
5.00	62.50%	\$4.82	\$10.85	\$16.71
4.00	50.00%	\$6.23	\$13.64	\$20.50

Wellness Plan

Premium Rate \$2.50

Employee Portion

All	\$0.00
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KEY

DD	=	Deductible
OV	=	Office Visit
IP	=	In Patient