

**Mountain View Whisman School District
INSURANCE PREMIUM
EMPLOYEE PORTION MONTHLY
January 1, 2020 to December 31, 2020**

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 Rates The District contribution is prorated based on the employee's FTE status.
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Medical

KAISER HIGH PLAN 2019

		Single	Two Party	Family
Premium Rate		\$637.27	\$1,274.53	\$1,803.46
DD \$0 , OV \$20, IP \$500, Prescriptions \$10/\$25				
Hour:	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

KAISER HIGH PLAN 2020

		Single	Two Party	Family
Premium Rate		\$712.94	\$1,425.88	\$2,017.62
DD \$0 , OV \$20, IP \$500, Prescriptions \$10/\$25				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$35.65	\$142.59	\$302.64
7.00	87.50%	\$120.31	\$303.00	\$517.01
6.00	75.00%	\$204.97	\$463.41	\$731.38
5.00	62.50%	\$289.63	\$623.82	\$945.76
4.00	50.00%	\$374.29	\$784.23	\$1,160.13

KAISER MID PLAN 2019

		Single	Two Party	Family
Premium Rate		\$604.58	\$1,209.16	\$1,710.96
DD \$500 , OV \$20, IP 90%/10% Prescriptions \$10/\$30				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$30.23	\$120.92	\$256.64
7.00	87.50%	\$120.31	\$256.95	\$438.43
6.00	75.00%	\$204.97	\$392.98	\$620.22
5.00	62.50%	\$289.63	\$529.01	\$802.01
4.00	50.00%	\$374.29	\$665.04	\$983.80

KAISER MID PLAN 2020

		Single	Two Party	Family
Premium Rate		\$676.40	\$1,352.80	\$1,914.21
DD \$500 , OV \$20, IP 90%/10% Prescriptions \$10/\$30				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$33.82	\$135.28	\$287.13
7.00	87.50%	\$114.14	\$287.47	\$490.51
6.00	75.00%	\$194.46	\$439.66	\$693.90
5.00	62.50%	\$274.79	\$591.85	\$897.28
4.00	50.00%	\$355.11	\$744.04	\$1,100.67

KAISER LOW PLAN 2019

		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				
Hour:	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

KAISER LOW PLAN 2020

		Single	Two Party	Family
Premium Rate		\$562.93	\$1,125.86	\$1,593.09
DD \$3,000 , OV \$40, IP 70%/30%, Prescriptions \$10/\$30				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$28.15	\$112.59	\$238.96
7.00	87.50%	\$95.00	\$239.25	\$408.23
6.00	75.00%	\$161.84	\$365.91	\$577.49
5.00	62.50%	\$228.69	\$492.57	\$746.76
4.00	50.00%	\$295.54	\$619.22	\$916.02