

**Article XXIII
Health and Welfare Benefits**

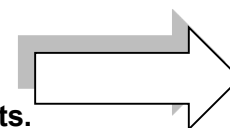
23.1 The Board agrees, under the terms of the contract, to pay the medical, dental, life insurance and vision coverage premiums for eligible employees up to the cap levels for 2020-2021 for full-time employees (40-hour week). The District agrees to pay the \$250 surgery (hospital inpatient or outpatient hospital/outpatient surgery center) co-payment. The Board reserves the right to negotiate the district's contribution on an annual basis.

**RINCON VALLEY UNION SCHOOL DISTRICT
CLASSIFIED EMPLOYEES
2020-2021 Health Premium Schedule**

| PLAN | District Paid CAP | Employee Portion | Actual Premium |
|--|-------------------|------------------|----------------|
| Kaiser – High (HMO) - OV \$10, RX \$10, ER \$100/waived if admitted, Chiro, Optical | | | |
| Employee | \$646.00 | \$ 189.00 | \$ 835.00 |
| Employee + 1 | \$708.50 | \$1054.50 | \$1763.00 |
| Employee + 2 or more | \$708.50 | \$1739.50 | \$2448.00 |
| Kaiser – Mid (Deductible HMO) - OV \$20, RX \$10/\$30, 10% Co-Insurance Hospital Admit**, Chiro, Optical **After \$500 deductible satisfied. | | | |
| Employee | \$646.00 | \$ 63.00 | \$ 709.00 |
| Employee + 1 | \$708.50 | \$ 787.50 | \$1496.00 |
| Employee + 2 or more | \$708.50 | \$ 1369.50 | \$2078.00 |
| Kaiser – Low (Deductible HMO W/HSA)– OV \$10% Co-Insurance, RX \$10/\$30*, 10% Co-Insurance Hospital Admit**, NO chiro or optical **\$1500 (individual) deductible needs to be satisfied, \$3000(family) deductible needs to be satisfied. | | | |
| Employee | Full premium | \$ 0 | \$ 520.00 |
| Employee + 1 | \$708.50 | \$ 387.50 | \$1096.00 |
| Employee + 2 or more | \$708.50 | \$ 813.50 | \$1522.00 |
| SISC – Blue Shield 100% Plan (PPO) – OV \$20, RX \$7/\$25, Chiro **\$100 Individual, \$300 Family deductible applies. | | | |
| Employee | \$646.00 | \$ 242.00 | \$ 888.00 |
| Employee + 1 | \$708.50 | \$1176.50 | \$1885.00 |
| Employee + 2 or more | \$708.50 | \$1915.50 | \$2624.00 |
| SISC – Blue Shield 90% Plan (PPO) – OV \$20, RX \$7/\$25, 10% Co-Insurance Hospital Admit**, Chiro **After \$300 Individual, \$600 Family deductible satisfied. | | | |
| Employee | \$646.00 | \$ 164.00 | \$ 810.00 |
| Employee + 1 | \$708.50 | \$1004.50 | \$1713.00 |
| Employee + 2 or more | \$708.50 | \$1672.50 | \$2381.00 |
| SISC – Blue Shield 80% Plan (PPO) - OV \$30, RX \$9/\$35, 20% Co-Insurance Hospital Admit**, Chiro ** After \$500 Individual, \$1,000 Family deductible satisfied. | | | |
| Employee | \$646.00 | \$ 69.00 | \$ 715.00 |
| Employee + 1 | \$708.50 | \$ 805.50 | \$1514.00 |
| Employee + 2 or more | \$708.50 | \$1396.50 | \$2105.00 |
| SISC – Blue Shield High Deductible Plan w/HSA – OV 10%, RX \$9/\$35, 10% Co-Insurance Hospital**, Chiro **After \$3000 Individual, \$5200 Family deductible satisfied. | | | |
| Employee | \$Full Premium | \$ 0 | \$ 531.00 |
| Employee + 1 | \$708.50 | \$ 460.50 | \$1169.00 |
| Employee + 2 or more | \$708.50 | \$ 938.50 | \$1647.00 |

Please see other side for dental and vision benefits.

Updated 06/12/2020



RINCON VALLEY UNION SCHOOL DISTRICT
CLASSIFIED EMPLOYEES
 2020-2021 Health Premium Schedule

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|---|---------------|---------------|----------------|
| Delta Dental** | District Paid | Employee Paid | Actual Premium |
| Employee Only | Full Premium | \$ 0 | \$ 58.69 |
| Employee + 1 | \$58.69 | \$ 47.61 | \$106.30 |
| Employee + 2 or more | \$58.69 | \$ 94.14 | \$152.83 |
| <hr/> | | | |
| Vision Service Plan | District Paid | Employee Paid | Actual Premium |
| Employee Only | Full Premium | \$ 0 | \$ 13.12 |
| Employee + One | \$ 13.12 | \$ 13.19 | \$ 26.31 |
| Employee + 2 or more | \$ 13.12 | \$ 24.22 | \$ 37.34 |
| <hr style="border-top: 1px dashed black;"/> | | | |
| Life Insurance \$10,000 | District Paid | | |
| Employee Only | | | |

This is just a brief summary of the benefit plans available. For a complete schedule of benefits, please refer to the specific carrier plan documents available from Human Resources.

Please see other side for medical benefits.

