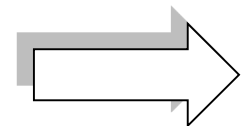


**RINCON VALLEY UNION SCHOOL DISTRICT  
SUPERINTENDENT/ASST. SUPERINTENDENT/CERTIFICATED MANAGEMENT/  
CONFIDENTIAL/SUPERVISORY EMPLOYEES  
2021-2022 Health Premium Schedule**

PLAN	District Paid CAP	Employee Portion	Actual Premium
<b>Kaiser – High (HMO) - OV-\$10, RX \$10, ER \$100/waived if admitted, Chiro, Optical</b>			
Employee	Full Premium	\$ 0	\$ 859.00
Employee + 1	\$984.00	\$ 828.00	\$1812.00
Employee + 2 or more	\$984.00	\$1532.00	\$2516.00
<b>Kaiser – Mid (Deductible HMO) – OV-\$20, RX \$10/\$30, 10% Co-Insurance Hospital Admit**, Chiro, Optical</b> **After \$500 deductible satisfied.			
Employee	Full Premium	\$ 0	\$ 723.00
Employee + 1	\$984.00	\$ 541.00	\$1525.00
Employee + 2 or more	\$984.00	\$1134.00	\$2118.00
<b>Kaiser – Low (Deductible HMO w/HSA) – OV 10% Co-Insurance*, RX \$10/\$30**, 10% Co-Insurance Hospital Admit**, <b>NO</b> Chiro or optical</b> **After \$1500 Individual, \$3000 Family deductible satisfied.			
Employee	Full Premium	\$ 0	\$ 533.00
Employee + 1	\$984.00	\$ 140.00	\$1124.00
Employee + 2 or more	\$984.00	\$ 577.00	\$1561.00
<b>SISC – Blue Shield 90% Plan (PPO) – OV \$20, RX \$7/\$25, 10% Co-Insurance Hospital Admit**, Chiro</b> **After \$300 Individual, \$600 Family deductible.			
Employee	Full Premium	\$ 0	\$ 761.00
Employee + 1	\$984.00	\$ 616.00	\$1600.00
Employee + 2 or more	\$984.00	\$1237.00	\$2221.00
<b>SISC – Blue Shield 80% Plan (PPO) – OV \$30, RX \$9/\$35, 20% Co-Insurance Hospital Admit**, Chiro</b> ** After \$500 Individual, \$1,000 Family deductible.			
Employee	Full Premium	\$ 0	\$ 673.00
Employee + 1	\$984.00	\$ 432.00	\$1416.00
Employee + 2 or more	\$984.00	\$ 982.00	\$1966.00
<b>SISC – Blue Shield High Deductible Plan w/ HSA – OV10%, RX \$9/\$35, 10% Co-Insurance Hospital Admit**, Chiro</b> **After \$3000 Individual, \$5200 Family deductible satisfied.			
Employee	Full Premium	\$ 0	\$ 509.00
Employee + 1	\$984.00	\$ 135.00	\$1119.00
Employee + 2	\$984.00	\$ 593.00	\$1577.00

**Please see other side for dental and vision benefits.**



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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
Vision Service Plan		District Paid	Employee Paid	Actual Premium
Employee Only	Full Premium		\$ 0	\$ 13.12
Employee + 1		\$ 13.12	\$ 13.19	\$ 26.31
Employee + 2 or more		\$ 13.12	\$ 24.22	\$ 37.34

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Life Insurance \$50,000      District Paid (Employee Only)  
 Certificated Management

Life Insurance \$25,000      District Paid (Employee Only)  
 Confidential/Supervisory

**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.**

