



ST. HELENA UNIFIED SCHOOL DISTRICT
Benefit Rates
Effective January 1, 2019

12-month Employees
Full time rates – if less than full time, rates are prorated to FTE.

MEDICAL:

<u><i>Kaiser Permanente</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>	<u><i>Anthem HMO Traditional</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 768.25	\$ 0.00	Single	\$ 768.25	\$ 342.88
Two-party	\$ 1,536.50	\$ 0.00	Two-party	\$ 1,536.50	\$ 685.76
Family	\$ 1,997.45	\$ 0.00	Family	\$ 1,997.45	\$ 891.49

<u><i>HealthNet SmartCare</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>	<u><i>PERS Choice</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 768.25	\$ 133.30	Single	\$ 768.25	\$ 98.02
Two-party	\$ 1,536.50	\$ 266.60	Two-party	\$ 1,536.50	\$ 196.04
Family	\$ 1,997.45	\$ 346.58	Family	\$ 1,997.45	\$ 254.85

<u><i>PERS Select</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>	<u><i>PERSCare</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 543.19	\$ 0.00	Single	\$ 768.25	\$ 363.43
Two-party	\$ 1,086.38	\$ 0.00	Two-party	\$ 1,536.50	\$ 726.86
Family	\$ 1,412.29	\$ 0.00	Family	\$ 1,997.45	\$ 944.92

<u><i>Western Health Adv.</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 767.01	\$ 0.00
Two-party	\$ 1,534.02	\$ 0.00
Family	\$ 1,994.23	\$ 0.00

NOTE: Rates shown are based on the district zip code, “Bay Area Region” plans. If you live outside the district zip code you also have the option of selecting a plan based on your residence zip code instead - rates and medical plan providers may differ. District pays Bay Area Region Kaiser Permanente Rate for each tier. Following are the CalPERS websites for more information:

Health Plan Search by Zip Code: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>
Health Benefit Plan designs/medical providers: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

DENTAL:

<u><i>Delta Dental - Low Option</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
<u><i>\$2,000/\$2,200</i></u>		
Single	\$ 55.69	\$ 0.00
Two-Party	\$ 64.60	\$ 49.63
Family	\$ 64.60	\$ 100.02

<u><i>Delta Dental - High Option with \$2,000 Orthodontia</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
<u><i>\$2,000/\$2,200</i></u>		
Single	\$ 64.60	\$ 0.00
Two-Party	\$ 64.60	\$ 67.91
Family	\$ 64.60	\$ 126.36

VISION:

<u><i>VSP</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 7.02	\$ 0.00
Two-Party	\$ 7.02	\$ 7.38
Family	\$ 7.02	\$ 13.70