

TRI-COUNTY SCHOOLS INSURANCE GROUP

**Classified 12 month
Plumas Lake Elementary School District
COMPOSITE RATES EFFECTIVE JULY 1, 2019**

Full-time - 1 FTE	Premier Plus	Premier	Standard	Basic	HSA Qualified	HMO Kaiser High (\$10 OV Copay)	HMO Kaiser Low (\$20 OV Copay)
Medical	\$2,179.00	\$1,846.00	\$1,538.00	\$1,323.00	\$939.00	\$1,782.00	\$1,674.00
Dental	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00
Vision	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00
Total Monthly Cost	\$2,339.00	\$2,006.00	\$1,698.00	\$1,483.00	\$1,099.00	\$1,942.00	\$1,834.00
Monthly Cost	\$2,339.00	\$2,006.00	\$1,698.00	\$1,483.00	\$1,099.00	\$1,942.00	\$1,834.00
Annual Cost	\$28,068.00	\$24,072.00	\$20,376.00	\$17,796.00	\$13,188.00	\$23,304.00	\$22,008.00
District Annual Contribution	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00
Employee Annual Contribution	\$16,068.00	\$12,072.00	\$8,376.00	\$5,796.00	\$1,188.00	\$11,304.00	\$10,008.00
District Monthly Contribution	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Employee Monthly Contribution	\$1,339.00	\$1,006.00	\$698.00	\$483.00	\$99.00	\$942.00	\$834.00

Part-time - 0.875 FTE (SAD-7hours)	Premier Plus	Premier	Standard	Basic	HSA Qualified	HMO Kaiser High (\$10 OV Copay)	HMO Kaiser Low (\$20 OV Copay)
Monthly Cost	\$2,339.00	\$2,006.00	\$1,698.00	\$1,483.00	\$1,099.00	\$1,942.00	\$1,834.00
Annual Cost	\$28,068.00	\$24,072.00	\$20,376.00	\$17,796.00	\$13,188.00	\$23,304.00	\$22,008.00
District Annual Contribution	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00	\$10,500.00
Employee Annual Contribution	\$17,568.00	\$13,572.00	\$9,876.00	\$7,296.00	\$2,688.00	\$12,804.00	\$11,508.00
District Monthly Contribution	\$875.00	\$875.00	\$875.00	\$875.00	\$875.00	\$875.00	\$875.00
Employee Monthly Contribution	\$1,464.00	\$1,131.00	\$823.00	\$608.00	\$224.00	\$1,067.00	\$959.00

Part-time - 0.6875 FTE (SAD 5.5 hours)	Premier Plus	Premier	Standard	Basic	HSA Qualified	HMO Kaiser High (\$10 OV Copay)	HMO Kaiser Low (\$20 OV Copay)
Monthly Cost	\$2,339.00	\$2,006.00	\$1,698.00	\$1,483.00	\$1,099.00	\$1,942.00	\$1,834.00
Annual Cost	\$28,068.00	\$24,072.00	\$20,376.00	\$17,796.00	\$13,188.00	\$23,304.00	\$22,008.00
District Annual Contribution	\$8,250.00	\$8,250.00	\$8,250.00	\$8,250.00	\$8,250.00	\$8,250.00	\$8,250.00
Employee Annual Contribution	\$19,818.00	\$15,822.00	\$12,126.00	\$9,546.00	\$4,938.00	\$15,054.00	\$13,758.00
District Monthly Contribution	\$687.50	\$687.50	\$687.50	\$687.50	\$687.50	\$687.50	\$687.50
Employee Monthly Contribution	\$1,651.50	\$1,318.50	\$1,010.50	\$795.50	\$411.50	\$1,254.50	\$1,146.50

Employee monthly contribution based on 12 pay periods.
SAD = Student Attendance Days