

**GARVEY SCHOOL DISTRICT
CSEA - SELECTION SHEET
Calendar Year 2018**

CHANGE YES NO

Employee Name: _____				Employee ID# _____					
2018				2017					
TENTHLY RATE				TENTHLY RATE					
ANTHEM HMO		Single	2-Party	Family	ANTHEM HMO		Single	2-Party	Family
Traditional*		\$941.66	\$1,883.33	\$2,448.32	Traditional*		\$856.43	\$1,712.86	\$2,226.71
Select		\$792.20	\$1,584.41	\$2,059.73	Select		\$711.34	\$1,422.67	\$1,849.48
BLUE SHIELD HMO			2-Party	Family	BLUE SHIELD HMO		Single	2-Party	Family
Access		\$735.95	\$1,471.90	\$1,913.46	Access		\$811.18	\$1,622.35	\$2,109.06
HEALTHNET HMO			2-Party	Family	HEALTHNET HMO		Single	2-Party	Family
Smartcare		\$692.58	\$1,385.16	\$1,800.71	Smartcare		\$632.08	\$1,264.15	\$1,643.40
Salud Y Mas		\$485.18	\$970.37	\$1,261.48	Salud Y Mas		\$497.75	\$995.50	\$1,294.14
KAISER			2-Party	Family	KAISER		Single	2-Party	Family
		\$771.24	\$1,542.48	\$2,005.22			\$688.67	\$1,377.34	\$1,790.53
UnitedHealthcare			2-Party	Family	UnitedHealthcare		Single	2-Party	Family
HMO		\$723.34	\$1,446.67	\$1,880.68	HMO		\$654.85	\$1,309.70	\$1,702.62
PERS PPO			2-Party	Family	PERS PPO		Single	2-Party	Family
Care		\$808.48	\$1,616.95	\$2,102.04	Care		\$859.06	\$1,718.11	\$2,233.55
Choice		\$744.47	\$1,488.94	\$1,935.61	Choice		\$765.04	\$1,530.07	\$1,989.10
Select		\$687.85	\$1,375.70	\$1,788.42	Select		\$678.40	\$1,356.79	\$1,763.83
2018				2017					
TENTHLY RATE				TENTHLY RATE					
DELTA CARE (HMO)		Composite	\$44.57		ING SUPPLEMENTAL LIFE IF YOU ARE INTERESTED IN PURCHASING SUPPLEMENTAL LIFE PLEASE SEE ANITA ROBLEDO (FISCAL SERVICES) FOR ADDITIONAL INFORMATION				
DELTA (PPO)		Single	2-Party	Family					
		\$92.52	\$180.44	\$211.94					
VSP		Composite	\$21.62						
ING LIFE		Single	\$3.00						
WAIVER: I elect to waive (please check):									
<input type="checkbox"/> Medical				<input type="checkbox"/> Dental					
<input type="checkbox"/> Vision				<input type="checkbox"/> Life Ins.					

Note: The district's medical contribution is capped at the **highest** HMO. *For 2018, it's ANTHEM Traditional.
The dental plan is capped at the **single** Delta PPO plan.

Signature: _____

Date: _____

CAP: EQUALS WHAT THE DISTRICT PAYS

GARVEY SCHOOL DISTRICT
GEA - SELECTION SHEET
Calendar Year 2018

CHANGE YES NO

Employee Name: _____

Employee ID# _____

2018		TENTHLY RATE		
ANTHEM HMO	Single	2-Party	Family	
Traditional*	\$941.66	\$1,883.33	\$2,448.32	
Select	\$792.20	\$1,584.41	\$2,059.73	
BLUE SHIELD HMO		2-Party	Family	
Access	\$735.95	\$1,471.90	\$1,913.46	
HEALTHNET HMO		2-Party	Family	
Smartcare	\$692.58	\$1,385.16	\$1,800.71	
Salud Y Mas	\$485.18	\$970.37	\$1,261.48	
KAISER		2-Party	Family	
	\$771.24	\$1,542.48	\$2,005.22	
UnitedHealthcare		2-Party	Family	
HMO	\$723.34	\$1,446.67	\$1,880.68	
PERS PPO		2-Party	Family	
Care	\$808.48	\$1,616.95	\$2,102.04	
Choice	\$744.47	\$1,488.94	\$1,935.61	
Select	\$687.85	\$1,375.70	\$1,788.42	

2018		TENTHLY RATE		
DELTA CARE (HMO)	Composite	\$44.57		
DELTA (PPO)	Single	2-Party	Family	
	\$92.52	\$180.44	\$211.94	
VSP	Composite	\$21.62		
ING LIFE	Single	\$3.00		

2017		TENTHLY RATE		
ANTHEM HMO	Single	2-Party	Family	
Traditional*	\$856.43	\$1,712.86	\$2,226.71	
Select	\$711.34	\$1,422.67	\$1,849.48	
BLUE SHIELD HMO	Single	2-Party	Family	
Access	\$811.18	\$1,622.35	\$2,109.06	
HEALTHNET HMO	Single	2-Party	Family	
Smartcare	\$632.08	\$1,264.15	\$1,643.40	
Salud Y Mas	\$497.75	\$995.50	\$1,294.14	
KAISER	Single	2-Party	Family	
	\$688.67	\$1,377.34	\$1,790.53	
UnitedHealthcare	Single	2-Party	Family	
HMO	\$654.85	\$1,309.70	\$1,702.62	
PERS PPO	Single	2-Party	Family	
Care	\$859.06	\$1,718.11	\$2,233.55	
Choice	\$765.04	\$1,530.07	\$1,989.10	
Select	\$678.40	\$1,356.79	\$1,763.83	

ING SUPPLEMENTAL LIFE

IF YOU ARE INTERESTED IN PURCHASING SUPPLEMENTAL LIFE PLEASE SEE ANITA ROBLEDO (FISCAL SERVICES) FOR ADDITIONAL INFORMATION

WAIVER: I elect to waive (please check):

Medical Dental Vision Life Ins.

Single - Will be capped at the sum of the premium costs for the highest priced single Medical, single PPO dental, vision & life.

Two-Party & Family - District will cover the total cost for members selecting Healthnet HMO Salud Y Mas, Delta Care (HMO), Vision (VSP) and life.

Signature: _____

Date: _____

CAP: EQUALS WHAT THE DISTRICT PAYS

SINGLE FRINGE BENEFIT WORKSHEET

(Tenthly Rate)

(Enter Medical, Dental, Vision & Life Selection)

1.	0.00								
	Total Premium	=	Medical	+	Dental	+	Vision	+	Life

Employee Contribution

2.	0.00		1,058.80		0
	Total Premium (Line 1)	-	District Contribution	=	Employee Contribution (If negative, enter 0)

District Contribution

3.	0.00		0		0.00
	Total Premium	-	Employee Contribution	=	District Contribution

TWO-PARTY FRINGE BENEFIT WORKSHEET (Tenthly Rate)

(Enter Medical, Dental, Vision & Life Selection)

1.	0.00								
	Total Premium	=	Medical	+	Dental	+	Vision	+	Life

Unadjusted District Contribution

2.	0.00	X	0.85	=	0.00
	Total Premium (Line 1)		(%)		Unadjusted District Contribution (UDC)

3.	0.00	-	1,294.15	=	0
	UDC (Line 2)		District Contribution (130% of 2017 Salud Y Mas 2-party rate)		Contribution Adjustment (CA) (If negative, enter 0)

Unadjusted Employee Contribution

4.	0.00	X	0.15	=	0.00
	Total Premium (Line 1)		(%)		Unadjusted Employee contribution (UEC)

Adjusted Contributions

5.	0.00	+	0	=	0.00
	UEC (Line 4)		CA (Line 3)		Employee Contribution (EC)

6.	0.00	-	0.00	=	0.00
	Total Premium (Line 1)		EC (Line 5)		District Contribution

FAMILY FRINGE BENEFIT WORKSHEET (Tenthly Rate)

(Enter Medical, Dental, Vision & Life Selection)

1.	0.00						
	Total Premium	=	Medical	+	Dental	+	Vision + Life

Unadjusted District Contribution

2.	0.00	X	0.85	=	0.00
	Total Premium (Line 1)		(%)		Unadjusted District Contribution (UDC)

3.	0.00	-	1,682.38	=	0
	UDC (Line 2)		District Contribution (130% of 2017 Salud Y Mas Family Rate)		Contribution Adjustment (CA) (If negative, enter 0)

Unadjusted Employee Contribution

4.	0.00	X	0.15	=	0.00
	Total Premium (Line 1)		(%)		Unadjusted Employee contribution (UEC)

Adjusted Contributions

5.	0.00	+	0	=	0.00
	UEC (Line 4)		CA (Line 3)		Employee Contribution (EC)

6.	0.00	-	0.00	=	0.00
	Total Premium (Line 1)		EC (Line 5)		District Contribution

GARVEY SCHOOL DISTRICT
Management/Confidential - SELECTION SHEET
Calendar Year 2018

CHANGE YES NO

Employee Name: _____

Employee ID# _____

2018		TENTHLY RATE		
ANTHEM HMO	Single	2-Party	Family	
Traditional*	\$941.66	\$1,883.33	\$2,448.32	
Select	\$792.20	\$1,584.41	\$2,059.73	
BLUE SHIELD HMO				
	Single	2-Party	Family	
Access	\$735.95	\$1,471.90	\$1,913.46	
HEALTHNET HMO				
	Single	2-Party	Family	
Smartcare	\$692.58	\$1,385.16	\$1,800.71	
Salud Y Mas	\$485.18	\$970.37	\$1,261.48	
KAISER				
	Single	2-Party	Family	
	\$771.24	\$1,542.48	\$2,005.22	
UnitedHealthcare				
	Single	2-Party	Family	
HMO	\$723.34	\$1,446.67	\$1,880.68	
PERS PPO				
	Single	2-Party	Family	
Care	\$808.48	\$1,616.95	\$2,102.04	
Choice	\$744.47	\$1,488.94	\$1,935.61	
Select	\$687.85	\$1,375.70	\$1,788.42	

2017		TENTHLY RATE		
ANTHEM HMO	Single	2-Party	Family	
Traditional*	\$856.43	\$1,712.86	\$2,226.71	
Select	\$711.34	\$1,422.67	\$1,849.48	
BLUE SHIELD HMO				
	Single	2-Party	Family	
Access	\$811.18	\$1,622.35	\$2,109.06	
HEALTHNET HMO				
	Single	2-Party	Family	
Smartcare	\$632.08	\$1,264.15	\$1,643.40	
Salud Y Mas	\$497.75	\$995.50	\$1,294.14	
KAISER				
	Single	2-Party	Family	
	\$688.67	\$1,377.34	\$1,790.53	
UnitedHealthcare				
	Single	2-Party	Family	
HMO	\$654.85	\$1,309.70	\$1,702.62	
PERS PPO				
	Single	2-Party	Family	
Care	\$859.06	\$1,718.11	\$2,233.55	
Choice	\$765.04	\$1,530.07	\$1,989.10	
Select	\$678.40	\$1,356.79	\$1,763.83	

2018		TENTHLY RATE		
DELTA CARE (HMO)	Composite	\$44.57		
DELTA (PPO)				
	Single	2-Party	Family	
	\$92.52	\$180.44	\$211.94	
VSP	Composite	\$21.62		
ING LIFE	Single	\$7.50		

ING SUPPLEMENTAL LIFE

IF YOU ARE INTERESTED IN PURCHASING SUPPLEMENTAL LIFE
PLEASE SEE ANITA ROBLEDO (FISCAL SERVICES) FOR ADDITIONAL
INFORMATION

WAIVER: I elect to waive (please check):
 Medical Dental Vision Life Ins.

Note: Management/Confidential employees are allowed to follow either the CSEA or GEA options for medical, dental, vision and life insurance

Signature: _____

Date: _____

CAP: EQUALS WHAT THE DISTRICT PAYS