### **GARVEY SCHOOL DISTRICT**

## CSEA - SELECTION SHEET

Calendar Year 2018

					CHANGE	YES	NO
Employee Name:				Employee ID#			
Employee Nume.				Employee IB#			
2018		TENTHLY RATE		2017		TENTHLY RAT	E
ANTHEM <b>HMO</b>	Single	2-Party	Family	ANTHEM <b>HMO</b>	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 <b>HMO</b>		2-Party	Family	BLUE SHIELD <b>HMO</b>	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 <b>HMO</b>	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
		1 1	1 1		1 1	T T	1 1
UnitedHealthcare		2-Party	Family	UnitedHealthcare	Single	2-Party	Family
НМО	\$723.34	\$1,446.67	\$1,880.68	НМО	\$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		TENTHLY RATE		┧'			
DELTA CARE (HMO)	Composite	\$44.5	7				
				]	ING SUPPLE	MENTAL LIFE	
DELTA	Single	2-Party	Family				
(PPO)	\$92.52	\$180.44	\$211.94	IF YOU ARE INTER		RCHASING SUP DO (FISCAL SER	
VSP	Composite	\$21.6	2		ADDITIONAL II	NFORMATION	,
ING LIFE	Single	\$3.00		-			
	<u>,                                      </u>	·	<u> </u>	WAIVER: I elect to wa	aive (please che	eck):	
				Medical	Dental	Vision	Life Ins.
			nighest HMO. *For	r 2018, it's ANTHEM Tradi	tional.		
The dental plan is cap	ped at the <b>single</b>	Delta PPO plan.					
Signature:				Date:	<del></del>		
		CAP: EQUAL	S WHAT THE DIST	TRICT PAYS			

# PRORATED BENEFIT RATES FOR CSEA MEMBERS - EFFECTIVE 1-1-2018 Calpers 2018

Emp	oloyee Work	Hours per Da	ay	8 HOURS	7.5 HOURS	7.0 HOURS	6.5 HOURS	6.0 HOURS	5.5 HOURS	5.0 HOURS	4.5 HOURS	4.0 HOURS
	Prorating			1.0000	0.9375	0.8750	0.8125	0.7500	0.6875	0.6250	0.5625	0.5000
		PLAN	DISTRICT	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE
		TENTHLY	TENTHLY COST	TENTHLY	TENTHLY	TENTHLY	TENTHLY	TENTHLY	TENTHLY	TENTHLY	TENTHLY	TENTHLY
PROVIDER	COVERAGE	COST	(CAP)	COST	COST	COST	COST	COST	COST	COST	COST	COST
ANTHEM	SINGLE	\$941.66	\$941.66	\$0.00	\$58.85	\$117.71	\$176.56	\$235.42	\$294.27	\$353.12	\$411.98	\$470.83
TRADITIONAL	TWO PARTY	\$1,883.33	\$1,883.33	\$0.00	\$117.71	\$235.42	\$353.12	\$470.83	\$588.54	\$706.25	\$823.96	\$941.67
HMO	FAMILY	\$2,448.32	\$2,448.32	\$0.00	\$153.02	\$306.04	\$459.06	\$612.08	\$765.10	\$918.12	\$1,071.14	\$1,224.16
HEALTH NET	SINGLE	\$692.58	\$941.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.19	\$104.04	\$162.90	\$221.75
SMARTCARE	TWO PARTY	\$1,385.16	\$1,883.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$90.37	\$208.08	\$325.79	\$443.50
	FAMILY	\$1,800.71	\$2,448.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$117.49	\$270.51	\$423.53	\$576.55
KAISER	SINGLE	\$771.24	\$941.66	\$0.00	\$0.00	\$0.00	\$6.14	\$65.00	\$123.85	\$182.70	\$241.56	\$300.41
	TWO PARTY	\$1,542.48	\$1,883.33	\$0.00	\$0.00	\$0.00	\$12.27	\$129.98	\$247.69	\$365.40	\$483.11	\$600.82
	FAMILY	\$2,005.22	\$2,448.32	\$0.00	\$0.00	\$0.00	\$15.96	\$168.98	\$322.00	\$475.02	\$628.04	\$781.06
UHC	SINGLE	\$723.34	\$941.66	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$75.95	\$134.80	\$193.66	\$252.51
	TWO PARTY	\$1,446.67	\$1,883.33	\$0.00	\$0.00	\$0.00	\$0.00	\$34.17	\$151.88	\$269.59	\$387.30	\$505.01
	FAMILY	\$1,880.68	\$2,448.32	\$0.00	\$0.00	\$0.00	\$0.00	\$44.44	\$197.46	\$350.48	\$503.50	\$656.52
ANTUENA		ф <b>7</b> 00 00	6011.00	<b>#0.00</b>	<b>#</b> 0.00	<b>#</b> 0.00	<b>#07.40</b>	<b>#05.00</b>	<b>#4440</b>	#000 00	#000 F0	#204 0 <del>-</del>
ANTHEM SELECT	SINGLE	\$792.20	\$941.66	\$0.00	\$0.00	\$0.00	\$27.10	\$85.96	\$144.81	\$203.66	\$262.52	\$321.37
HMO	TWO PARTY	\$1,584.41 \$2.059.73	\$1,883.33	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$54.20 \$70.47	\$171.91 \$223.49	\$289.62 \$376.51	\$407.33	\$525.04	\$642.75
нио	FAMILY	\$2,059.73	\$2,448.32	\$0.00	\$0.00	\$0.00	\$70.47	\$223.49	\$370.51	\$529.53	\$682.55	\$835.57
BLUE SHIELD	SINGLE	\$735.95	\$941.66	\$0.00	\$0.00	\$0.00	\$0.00	\$29.71	\$88.56	\$147.41	\$206.27	\$265.12
ACCESS	TWO PARTY	\$1,471.90	\$1,883.33	\$0.00	\$0.00	\$0.00	\$0.00	\$59.40	\$177.11	\$294.82	\$412.53	\$530.24
7.00200	FAMILY	\$1,913.46	\$2,448.32	\$0.00	\$0.00	\$0.00	\$0.00	\$77.22	\$230.24	\$383.26	\$536.28	\$689.30
	.,	ψ1,010.10	<b>4</b> 2, 110.02	ψ0.00	ψ0.00	ψ0.00	φο.σσ	Ų <u>L</u>	<b>\$200.2</b> .	<b>\$</b> 000.20	<b>\$000.20</b>	<b>\$000.00</b>
HEALTH NET	SINGLE	\$485.18	\$941.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.35
SALUD Y MAS	TWO PARTY	\$970.37	\$1,883.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.71
	FAMILY	\$1,261.48	\$2,448.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.32
PERS CARE	SINGLE	\$808.48	\$941.66	\$0.00	\$0.00	\$0.00	\$43.38	\$102.24	\$161.09	\$219.94	\$278.80	\$337.65
PPO	TWO PARTY	\$1,616.95	\$1,883.33	\$0.00	\$0.00	\$0.00	\$86.74	\$204.45	\$322.16	\$439.87	\$557.58	\$675.29
110	FAMILY	\$2,102.04	\$2,448.32	\$0.00	\$0.00	\$0.00	\$112.78	\$265.80	\$418.82	\$571.84	\$724.86	\$877.88
	TAWILI	ψ2,102.04	ΨΣ, 440.02	ψ0.00	ψ0.00	ψ0.00	Ψ112.70	Ψ200.00	ψ+10.02	ψ0/1.04	Ψ124.00	ψ011.00
PERS CHOICE	SINGLE	\$744.47	\$941.66	\$0.00	\$0.00	\$0.00	\$0.00	\$38.23	\$97.08	\$155.93	\$214.79	\$273.64
PPO	TWO PARTY	\$1,488.94	\$1,883.33	\$0.00	\$0.00	\$0.00	\$0.00	\$76.44	\$194.15	\$311.86	\$429.57	\$547.28
	FAMILY	\$1,935.61	\$2,448.32	\$0.00	\$0.00	\$0.00	\$0.00	\$99.37	\$252.39	\$405.41	\$558.43	\$711.45
	.,	ψ1,000.01	<b>4</b> 2, 110.02	ψ0.00	ψ0.00	ψ0.00	φο.σσ	ψοσ.σ.	<b>\$202.00</b>	<b>\$100.11</b>	ψ000.10	<b>\$11110</b>
PERS SELECT	SINGLE	\$687.85	\$941.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.46	\$99.31	\$158.17	\$217.02
PPO	TWO PARTY	\$1,375.70	\$1,883.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.91	\$198.62	\$316.33	\$434.04
-	FAMILY	\$1,788.42	\$2,448.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105.20	\$258.22	\$411.24	\$564.26
					·							
DELTA CARE	COMPOSITE	\$44.57	\$44.57	\$0.00	\$2.79	\$5.57	\$8.36	\$11.14	\$13.93	\$16.71	\$19.50	\$22.29
DELTA PPO	SINGLE	\$92.52	\$92.52	\$0.00	\$5.78	\$11.57	\$17.35	\$23.13	\$28.91	\$34.70	\$40.48	\$46.26
	TWO PARTY	\$180.44	\$92.52	\$87.92	\$93.70	\$99.49	\$105.27	\$111.05	\$116.83	\$122.62	\$128.40	\$134.18
	FAMILY	\$211.94	\$92.52	\$119.42	\$125.20	\$130.99	\$136.77	\$142.55	\$148.33	\$154.12	\$159.90	\$165.68
VISION PLAN	COMPOSITE	\$21.62	\$21.62	\$0.00	\$1.35	\$2.70	\$4.05	\$5.41	\$6.76	\$8.11	\$9.46	\$10.81
ING LIFE	\$20,000.00	\$3.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### GARVEY SCHOOL DISTRICT

#### **GEA** - SELECTION SHEET

#### Calendar Year 2018

					CHANGE	YES	NO	
Employee Name:				Employee ID#				-
2018		TENTHLY RATE		2017		TENTHLY RAT	<u></u>	
ANTHEM HMO	Single	2-Party	Family	ANTHEM <b>HMO</b>	Single	2-Party	Family	<u> </u>
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	
					<del>-</del>	_		1
BLUE SHIELD <b>HMO</b>		2-Party	Family	BLUE SHIELD <b>HMO</b>	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	T
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	
				l <b> </b>	<del>-</del>	_		
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	Г	2-Party	Family	UnitedHealthcare	Single	2 Porty	Family	T
HMO	\$723.34	\$1,446.67	Family \$1,880.68	HMO	Single \$654.85	2-Party \$1,309.70	\$1,702.62	_
TIMO	\$725.54	\$1,440.07	\$1,000.00	TIMO	ψ054.05	\$1,509.70	\$1,702.02	
PERS PPO		2-Party	Family	PERS PPO	Single	2-Party	Family	Τ
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	
0040			<u> </u>	l				
2018		TENTHLY RATE						
DELTA CARE (HMO)	Composite	\$44.5	7		INO OURRI E	MENTAL LIFE		
DELTA	Single	2-Party	Family		ING SUPPLEI	WENTAL LIFE		
(PPO)	\$92.52	\$180.44	\$211.94					
(/	******	<b>4</b> 133111	<b>V</b> =1.113	IF YOU ARE INTER SEE ANITA ROBLED				
VSP	Composite	\$21.62	2	SEE AINTA KOBLEL	O (FISCAL SEI	NVICES) FOR AI	JULIONAL INFO	RIVIATION
ING LIFE	Single	\$3.00						
				WAIVER: I elect to w	aive (please che	eck):		
				Medical	Dental	Vision	Life Ins.	
		•		iced single Medical, sing	gle PPO dental	, vision & life.		).
Signature:				Date:				
		CAP: EQUAL	S WHAT THE DIST	RICT PAYS				

# SINGLE FRINGE BENEFIT WORKSHEET

(Tenthly Rate)

(Enter Medical, Dental, Vision & Life Selection)

0.00								
<b>Total Premium</b>	=	Medical	+	Dental	+	Vision	+	Life
Employee Contribution								
0.00	-	1,058.80	=	0				
Total Premium (Line 1)		District Contribu	ution	Employee Contr	ibution (If n	egative, enter 0)		
<b>District Contribution</b>								
0.00	-	0	=	0.00				
Total Premium		Employee Cont	ribution	District Contribut	tion			
	Total Premium  Employee Contribution 0.00  Total Premium (Line 1)  District Contribution 0.00	Total Premium =  Employee Contribution  0.00 -  Total Premium (Line 1)  District Contribution  0.00 -	Total Premium = Medical  Employee Contribution  0.00 - 1,058.80  Total Premium (Line 1) District Contribution  0.00 - 0	Total Premium = Medical +  Employee Contribution  0.00 - 1,058.80 =  Total Premium (Line 1) District Contribution  District Contribution  0.00 - 0 =	Total Premium = Medical + Dental  Employee Contribution  0.00 - 1,058.80 = 0  Total Premium (Line 1) District Contribution Employee Contr	Total Premium = Medical + Dental +  Employee Contribution  0.00 - 1,058.80 = 0  Total Premium (Line 1) District Contribution Employee Contribution (If note that the contribution is a contribution of the contribution is a contribution of the contribution of the contribution is a contribution of the contrib	Total Premium = Medical + Dental + Vision  Employee Contribution  0.00 - 1,058.80 = 0  Total Premium (Line 1) District Contribution Employee Contribution (If negative, enter 0)  District Contribution  0.00 - 0 = 0.00	Total Premium = Medical + Dental + Vision +  Employee Contribution  0.00 - 1,058.80 = 0  Total Premium (Line 1) District Contribution Employee Contribution (If negative, enter 0)  District Contribution  0.00 - 0 = 0.00

### TWO-PARTY FRINGE BENEFIT WORKSHEET

(Tenthly Rate)

(Enter Medical, Dental, Vision & Life Selection)

0.00								
Total Premium	=	Medical	+	Dental	+	Vision	+	Life
Unadjusted District Contribu	ıtion							
0.00	X	0.85	=	0.00				
Total Premium (Line 1)		(%)		Unadjusted Distric	t Contribu	tion (UDC)		
0.00	-	1,294.15	=	0				
		2: 1: 10 1: 1:		Contribution Adjus	tment (CA	) (If pogative	enter (1)	
UDC (Line 2)		District Contribution				i) (ii fiegative,	criter 0)	
UDC (Line 2)		District Contribution (130% of 2017 Salud Y M	las 2-party rate		ameni (OA	i) (II Negative,	enter o)	
UDC (Line 2)  Unadjusted Employee Contr	(		1as 2-party rato		unent (OA	n) (II negative,	enter of	
	(		/las 2-party rate		arient (OA	n negative,	enter of	
Unadjusted Employee Contr	ibution	(130% of 2017 Salud Y M		e)			enter 0)	
Unadjusted Employee Contr 0.00 Total Premium (Line 1)	ibution	(130% of 2017 Salud Y M 0.15		0.00			enter 0)	
Unadjusted Employee Contr	ibution	(130% of 2017 Salud Y M 0.15		0.00	oyee contri		enter 0)	
Unadjusted Employee Control  0.00  Total Premium (Line 1)  Adjusted Contributions	ibution X	(130% of 2017 Salud Y M 0.15 (%)	=	0.00 Unadjusted Emplo	yee contri		enter 0)	
Unadjusted Employee Control	ibution X	0.15 (%)	=	0.00 Unadjusted Emplo	oyee contri		enter 0)	

# **FAMILY FRINGE BENEFIT WORKSHEET**

(Tenthly Rate)

(Enter Medical, Dental, Vision & Life Selection)

0.00								
Total Premium	=	Medical	+	Dental	+	Vision	+	Life
Unadjusted District Contrib	hution							
0.00	X	0.85	=	0.00				
Total Premium (Line 1)		(%)		Unadjusted D	istrict C	ontribution (l	JDC)	
0.00	-	1,682.38	=	0				
UDC (Line 2)		District Contribution (130% of 2017 Salud	d Y Mas Fa	Contribution <i>i</i> mily Rate)	Adjustme	ent (CA) (If n	egative, en	ter 0)
Unadjusted Employee Con		(130% of 2017 Salud on	d Y Mas Fal	nily Rate)	Adjustmo	ent (CA) (If n	egative, en	ter 0)
Unadjusted Employee Cont 0.00	tributio	(130% of 2017 Salud on 0.15	d Y Mas Fai	nily Rate) 0.00	•	, , ,		er 0)
Unadjusted Employee Con		(130% of 2017 Salud on		nily Rate)	•	, , ,		ter 0)
Unadjusted Employee Cont		(130% of 2017 Salud on 0.15		nily Rate) 0.00	•	, , ,		ter 0)
Unadjusted Employee Cont 0.00 Total Premium (Line 1)		(130% of 2017 Salud on 0.15		nily Rate) 0.00	Employee	, , ,		ter 0)
Unadjusted Employee Cont 0.00 Total Premium (Line 1) Adjusted Contributions	X	(130% of 2017 Salud on 0.15 (%)	=	nily Rate) 0.00 Unadjusted E	- Employee	e contribution		ter 0)
Unadjusted Employee Conto	X	0 CA (Line 3)	=	0.00 Unadjusted E  0.00 Empoyee Co	imployee ntributio	e contribution		ter 0)
Unadjusted Employee Cont 0.00 Total Premium (Line 1) Adjusted Contributions 0.00	X	(130% of 2017 Salud on 0.15 (%)	=	nily Rate)  0.00  Unadjusted E  0.00	Employee ntributio	e contribution		ter 0)

### **GARVEY SCHOOL DISTRICT**

# Management/Confidential - SELECTION SHEET Calendar Year 2018

CHANGE YES

NO

		TENTHLY RATE		2017		TENTHLY RA	TE	
2018 ANTHEM HMO	Single	2-Party	Family	ANTHEM <b>HMO</b>	Single	2-Party		Fa
raditional*	\$941.66	\$1,883.33	\$2,448.32	Traditional*	\$856.43	\$1,712.86		\$2,2
elect	\$792.20	\$1,584.41	\$2,059.73	Select	\$711.34	\$1,422.67		\$1,8
SLUE SHIELD <b>HMO</b>	Single	2-Party	Family	BLUE SHIELD <b>HMO</b>	Single	2-Party		Fa
ccess	\$735.95	\$1,471.90	\$1,913.46	Access	\$811.18	\$1,622.35		\$2,1
	-	-		]   [				
HEALTHNET HMO	Single	2-Party	Family	HEALTHNET HMO	Single	2-Party		Fa
Smartcare	\$692.58	\$1,385.16	\$1,800.71	Smartcare	\$632.08	\$1,264.15		\$1,6
Salud Y Mas	\$485.18	\$970.37	\$1,261.48	Salud Y Mas	\$497.75	\$995.50		\$1,2
KAISER	Single \$771.24	2-Party \$1.542.48	Family \$2.005,22	KAISER	Single \$688.67	2-Party \$1,377.34		Fa \$1,7
	Ψ111.24	ψ1,342.40	ΨΣ,003.22	<b>-</b>	ψ000.07	ψ1,577.54		Ψ1,7
UnitedHealthcare	Single	2-Party	Family	UnitedHealthcare	Single	2-Party		Fa
НМО	\$723.34	\$1,446.67	\$1,880.68	нмо	\$654.85	\$1,309.70		\$1,70
					<u>*</u>			
PERS PPO	Single	2-Party	Family	PERS PPO	Single	2-Party		Fa
Care	\$808.48	\$1,616.95	\$2,102.04	Care	\$859.06	\$1,718.11		\$2,23
Choice Select	\$744.47 \$687.85	\$1,488.94 \$1,375.70	\$1,935.61 \$1,788.42	Choice Select	\$765.04 \$678.40	\$1,530.07 \$1,356.79		\$1,98 \$1,76
belect	\$607.00	\$1,375.70	\$1,780.42	Select	φ07 0. <del>4</del> 0	\$1,330.79		φ1,7
2018		TENTHLY RATE		]				
DELTA CARE (HMO)	Composite	\$44.57			ING SUDDI I	MENTAL LIFE		
	Single	2-Party	Family	1				
DELTA	Single	= ·,		1		IDCHACING CHI	201	EMEN1
DELTA (PPO)	\$92.52	\$180.44	\$211.94	IF YOU ARE INTER				
(PPO)		\$180.44		IF YOU ARE INTERI PLEASE SEE ANITA F	ROBLEDO (FI	SCAL SERVICE		OR AD
		· ·			ROBLEDO (FI			OR AD
(PPO)	\$92.52	\$180.44			ROBLEDO (FI	SCAL SERVICE		OR AD