

Rate Changes as of 10/1/20
 District paid portion= \$939.66 per mo
 Certificated employee per 19-20 CTA
 negotiations & Adm, Co/Psychs/Spch,
 Interventionist: \$11,275.92 eff: 10/1/2019
 (Previously \$10,698.36/yr/ \$891.53/mo)

BRAWLEY UNION HIGH SCHOOL RENEWAL 10-01-2020 RATES
CERTIFICATED STAFF
SISC III - BX (Medical & Prescription) SDCSFBC (Vision & Delta Dental & Life)

	2020-2021 100% PLAN \$ 20 COPAY			G 9-35	2020-2021 90% PLAN \$20 COPAY			G 9-35	2020-2021 80% PLAN \$20 COPAY			G 9-35	2020-2021 80% PLAN \$30 COPAY		
	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.		GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.		GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.		GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.
Medical, Prescription,&Behavioral	881.00	1516.00	1754.00		807.00	1388.00	1608.00		719.00	1237.00	1437.00		631.00	1085.00	1264.00
Sisc III Bx Subtotal	881.00	1516.00	1754.00		807.00	1388.00	1608.00		719.00	1237.00	1437.00		631.00	1085.00	1264.00
VISION *SDCSFBC	11.31	19.84	31.03		11.31	19.84	31.03		11.31	19.84	31.03		11.31	19.84	31.03
LIFE RATE *SDCSFBC	0.95	1.26	1.26		0.95	1.26	1.26		0.95	1.26	1.26		0.95	1.26	1.26
DELTA DENTAL * SDCSFBC	50.40	96.65	111.65		50.40	96.65	111.65		50.40	96.65	111.65		50.40	96.65	111.65
TOTAL	943.66	1633.75	1897.94		869.66	1505.75	1751.94		781.66	1354.75	1580.94		693.66	1202.75	1407.94
12 MONTH FULL TIME RATE Paid by District per month	939.66	939.66	939.66		869.66	939.66	939.66		781.66	939.66	939.66		693.66	939.66	939.66
12 MONTH FULL TIME RATE Paid by Employee per month	4.00	694.09	958.28		0.00	566.09	812.28		0.00	415.09	641.28		0.00	263.09	468.28

	2020-2021 100% PLAN \$ 5 COPAY			5	2020-2021 100% PLAN \$ 5 COPAY			
	GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 DEP.	EMPLOYEE +2 OR MORE DEP.		GROUP 1 EMPLOYEE 10,000	EMPLOYEE +1 SPOUSE	EMPLOYEE +1 CHILD	EMPLOYEE +2 OR MORE DEP.
Medical, Prescription,&Behavioral	246.00	439.00	648.00		246.00	439.00	439.00	648.00
SIMNSA	246.00	439.00	648.00		246.00	439.00	439.00	648.00
VISION *SDCSFBC	11.31	19.84	31.03		11.31	19.84	19.84	31.03
LIFE RATE *SDCSFBC	0.95	1.26	1.26		0.95	1.26	1.26	1.26
DELTA DENTAL * SDCSFBC	50.40	96.65	111.65		20.28	32.79	42.82	53.48
TOTAL	308.66	556.75	791.94		278.54	492.89	502.92	733.77
12 MONTH FULL TIME RATE Paid by District per month	308.66	556.75	791.94		278.54	492.89	502.92	733.77
12 MONTH FULL TIME RATE Paid by Employee per month	0.00	0.00	0.00		0.00	0.00	0.00	0.00

*Employees who work less than full-time will have a pro-rated share of the employer paid cap contributed toward the cost of the selected plan and coverage tier.

Updated 6/30/2020 to reflect District paid health benefit cap from \$10,698.36 to \$11,275.92 per year eff: 10/1/2019