

Rate Changes as of 10/1/21
 District paid portion= \$939.66 per mo
 Certificated employee per 19-20 CTA
 negotiations & Adm, Co/Psychs/Spch,
 Interventionst: \$11,275.92 eff: 10/1/2019

BRAWLEY UNION HIGH SCHOOL RENEWAL 10-01-2021 RATES
CERTIFICATED STAFF
SISC III - BX (Medical & Prescription) SDCSFBC (Vision & Delta Dental & Life)

	2021-2022 100% PLAN \$ 20 COPAY			G 9-35	2021-2022 90% PLAN \$20 COPAY			G 9-35	2021-2022 80% PLAN \$20 COPAY			G 9-35	2021-2022 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	893.00	1536.00	1779.00		819.00	1408.00	1634.00		731.00	1257.00	1462.00		643.00	1105.00	1289.00
Sisc III Bx Subtotal	893.00	1536.00	1779.00		819.00	1408.00	1634.00		731.00	1257.00	1462.00		643.00	1105.00	1289.00
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	46.37	88.92	102.72		46.37	88.92	102.72		46.37	88.92	102.72		46.37	88.92	102.72
TOTAL	951.63	1646.02	1914.01		877.63	1518.02	1769.01		789.63	1367.02	1597.01		701.63	1215.02	1424.01
12 MONTH FULL TIME RATE Paid by District per month	939.66	939.66	939.66		877.63	939.66	939.66		789.63	939.66	939.66		701.63	939.66	939.66
12 MONTH FULL TIME RATE Paid by Employee per month	11.97	706.36	974.35		0.00	578.36	829.35		0.00	427.36	657.35		0.00	275.36	484.35

	2021-2022 100% PLAN \$ 5 COPAY			5	2021-2022 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								
SIMNSA	256.00	456.00	674.00		256.00	456.00	456.00	674.00
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	46.37	88.92	102.72		20.28	32.79	42.82	53.48
TOTAL	314.63	566.02	809.01		288.54	509.89	519.92	759.77
12 MONTH FULL TIME RATE Paid by District per month	314.63	566.02	809.01		288.54	509.89	519.92	759.77
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 6/1/2021