

Rate Changes 10/1/2021 BRAWLEY UNION HIGH SCHOOL RENEWAL 10-01-2021 RATES
 District paid portion= \$853.48 per mo eff 10/1/19** CLASSIFIED STAFF
 *Classified CSEA & Classified Confidential SISC III - BX (Medical & Prescription) SDCSFBC (Vision & Delta Dental & Life)
 \$10,241.79 per year

	100-A			90-C			80-G			80-L		
	2021-2022 100% PLAN \$ 20 COPAY	\$ 0 DEDUCT \$ 0 COINS		2021-2022 90% PLAN \$20 COPAY	\$200/\$500 10%	DEDUCT COINS	2021-2022 80% PLAN \$20 COPAY	\$500/\$100 20%	DEDUCT COINS	2021-2022 80% PLAN \$30 COPAY	\$2000/\$4000 20%	DEDUCT COINS
	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 (Class & Conf)	853.48	853.48	853.48	853.48	853.48	853.48	789.63	853.48	853.48	701.63	853.48	853.48
Paid by District per month (Mgmt)	951.63	955.07	955.07	877.63	955.07	955.07	789.63	955.07	955.07	701.63	955.07	955.07
12 MONTH FULL TIME RATE												
Paid by Employee per month (Class & Conf)	98.15	792.54	1060.53	24.15	664.54	915.53	0.00	513.54	743.53	0.00	361.54	570.53
Paid by Employee per month (Mgmt)	0.00	690.95	958.94	0	562.95	813.94	0	411.95	641.94	0	259.95	468.94
11 MONTH FULL TIME RATE (Class & Conf):	107.07	864.59	1156.94	26.35	724.95	998.76	0.00	560.23	811.12	0.00	394.41	622.40
11 MONTH FULL TIME RATE (Mgmt):	0.00	753.76	1046.12	0.00	614.13	887.93	0.00	449.40	700.30	0.00	283.58	511.57
(MONTHLY RATE X 12/11MO Approx)												
9 MONTH FULL TIME RATE (Class & Conf):	130.87	1056.72	1414.04	32.20	886.05	1220.71	0.00	684.72	991.37	0.00	482.05	760.71
9 MONTH FULL TIME RATE (Mgmt):	0.00	921.27	1278.59	0.00	750.60	1085.25	0.00	549.27	855.92	0.00	346.60	625.25
(MONTHLY RATE X 12/9MO Approx)												
	2021-2022 100% PLAN \$ 5 COPAY	\$ 0 DEDUCT \$ 0 COINS		2021-2022 100% PLAN \$ 5 COPAY	SIMSA Dental \$ 0 DEDUCT \$ 0 COINS							
	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	256.00	456.00	674.00	256.00	456.00	456.00	674.00					
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	31.03	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	531.11	759.77					
12 MONTH FULL TIME RATE												
Paid by District per month	314.63	566.02	809.01	288.54	509.89	531.11	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					
11 MONTH FULL TIME RATE:	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
(MONTHLY RATE X 12/11MO Approx)												
9 MONTH FULL TIME RATE:	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
(MONTHLY RATE X 12/9MO Approx)												

*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.