

Certificated and Management Employee Benefits

Rates Effective 01/01/2017

The district does not offer any monetary contributions towards certificated or management benefits. Dependent children are eligible to be covered until their 26th birthday for both medical and dental plans offered. **CalPERS & CVT require copies of marriage and/or birth certificates for all dependents to be attached to enrollment forms.**

When participating in coverage through CalPERS and/or CVT, your coverage is year round. For certificated teachers the coverage runs from October to September. Management employees' coverage starts in August through July. **The monthly rate looks higher for 10-month employees, this is due to summer arrears being optional, therefore, there is no deduction for premiums deducted from elective summer arrears checks.**

DENTAL COVERAGE*--All staff employed full-time are required to participate in the district's dental plan; employees less than full-time may elect to waive participation in the dental plan. Our Delta Dental group plan covers 70% of dental charges during the first year of coverage, and increases by 10% each year thereafter until you reach 100%. There is a \$1,000 maximum coverage per person per year.

MEDICAL COVERAGE*--Employees needing medical insurance may purchase one of the CalPERS plan options below. Some of the listed medical plans are limited by zip code; please check on-line at www.CalPERS.ca.gov to verify plan options and coverage available based on your home. **CalPERS premium changes are effective January 1st of each year; the deduction increase therefore happens on December pay warrants.**

VISION COVERAGE*—Vision coverage is currently only available for management employees and participation is mandatory.

Certificated Teachers/10-Month Classified Mgrs		10-Month Employee - Premium Rate (Monthly)		
Benefit Plan		Employee Only	Employee +1	Family
Dental**	Delta Dental (Group #7901-3381)	\$62.15	\$112.54	\$161.78
HMO	Anthem Blue Cross Select HMO	\$940.15	\$1,880.30	\$2,444.40
	Anthem Blue Cross Traditional HMO	\$1,188.06	\$2,376.12	\$3,088.96
	HeathNet SmartCare	\$879.95	\$1,759.90	\$2,287.86
	Blue Shield Access+	\$1,229.82	\$2,459.64	\$3,197.53
	Kaiser (CA)	\$880.07	\$1,760.14	\$2,288.17
	United Health Care	\$1,274.71	\$2,549.42	\$3,314.26
PPO	PERS Choice	\$996.36	\$1,992.72	\$2,590.54
	PERS Select	\$883.52	\$1,767.05	\$2,297.16
	PERS Care	\$1,118.87	\$2,237.74	\$2,909.05
Vision*	VSP - Plan C (Group #009-03178)	N/A	N/A	\$43.42
<i>Please note VSP is only available to Classified Management</i>				

Blue Shield NetValue is no longer available to through CalPers effective December 31, 2017

Certificated Management/Classified Management		12-Month Employee - Premium Rate (Monthly)		
Benefit Plan		Employee Only	Employee +1	Family
Dental**	Delta Dental (Group #7901-3381)	\$51.79	\$93.78	\$134.82
HMO	Anthem Select HMO	\$783.46	\$1,566.92	\$2,037.00
	Anthem Traditional HMO	\$990.05	\$1,980.10	\$2,574.13
	HeathNet SmartCare	\$733.29	\$1,466.58	\$1,906.55
	Blue Shield Access+	\$1,024.85	\$2,049.70	\$2,664.61
	Kaiser (CA)	\$733.39	\$1,466.78	\$1,906.81
	United Health Care	\$1,062.26	\$2,124.52	\$2,761.88
PPO	PERS Choice	\$830.30	\$1,660.60	\$2,158.78
	PERS Select	\$736.27	\$1,472.54	\$1,914.30
	PERS Care	\$932.39	\$1,864.78	\$2,424.21
Vision*	VSP - Plan C (Group #009-03178)	N/A	N/A	\$36.18

Blue Shield NetValue is no longer available to through CalPers effective December 31, 2017

* All plan coverages are subject to change – refer to CalPers or CVT for details

**Delta Dental and VSP do not issue member cards.

Please have your provider use the group number and your social security number to verify eligibility and billing purposes.