

## 2020 HEALTH INSURANCE PREMIUM RATES

**SEIU, IAFF & MCE RATES EFFECTIVE Beginning with Payroll Check 12/13/19**

**January - December 2020 Coverage**

- 1) CCSD pays 85% of employees and dependent's(s) premiums. (\*Blue Shield Access+ is used for lowest cost plan.)  
 The Employer portion is made up of 2 components:  
 1a) Employer contributes the State Minimum towards health care premiums (In 2020, this amount is: \$139.00).  
 1b) Employer contributes an additional amount over State Minimum to bring its contribution to 85% of lowest cost plan.
- 2) Employee pays 15% of employees and dependent's(s) premiums (Blue Shield Access+ is used for lowest cost plan.)  
 The Employee payment is made up of 2 components:  
 2a) Employee pays 15% of health care premiums  
 2b) If Employee selects a plan with a higher premium than the current year Blue Shield Access+ premium amount, then the Employee also pays full differential cost of premium.

	Plan Code	TOTAL Monthly Premium	EmployER		EmployEE	
			Monthly Portion	Bi-Weekly Portion	Monthly Portion	Bi-Weekly Portion
<b>Blue Shield Access+ HMO</b>						
Employee Only	1421	909.87	773.39	386.69	136.48	68.24
Emp. & 1 dep.	1422	1,819.74	1,546.78	773.3895	272.96	136.48
Emp. & 2+ deps.	1423	2,365.66	2,010.81	1005.4055	354.85	177.42
<b>PERS Choice PPO</b>						
Employee Only	3231	736.28	625.84	312.919	110.44	55.22
Emp. & 1 dep.	3232	1,472.56	1,251.68	625.838	220.88	110.44
Emp. & 2+ deps.	3233	1,914.33	1,627.18	813.59025	287.15	143.57
<b>PERSCare PPO</b>						
Employee Only	0821	986.66	773.39	386.69475	213.27	106.64
Emp. & 1 dep.	0822	1,973.32	1,546.78	773.3895	426.54	213.27
Emp. & 2+ deps.	0823	2,565.32	2,010.81	1005.4055	554.51	277.25
<b>UnitedHealthcare HMO</b>						
Employee Only	4321	671.60	570.86	285.43	100.74	50.37
Emp. & 1 dep.	4322	1,343.20	1,141.72	570.86	201.48	100.74
Emp. & 2+ deps.	4322	1,746.16	1,484.24	742.118	261.92	130.96

Chart below shows: Benefits pro-rated based on percentage of 40 full-time hours worked.  
 Example: If you work **32** hours per week, the benefit is pro-rated by 80% (= **32 hrs / 40 hrs**).  
 Therefore: YER pays 80% of 85% of Access+ premium. (i.e. 1st: multiply the prem by 85%, then multiply that amt by 80%).  
 Example: refer to plan code 3231 below: premium is \$736.28/mo. Normal YER amt is \$625.84 (85%).  
 Pro-rated YER amount is \$500.68 (= \$625.84 x 80%)

This chart is for YEEs who are scheduled 32 hours per week thus receive 80% of 40-hr benefit	Plan Code	TOTAL Monthly Premium	EmployER		EmployEE	
			Monthly Portion	Bi-Weekly Portion	Monthly Portion	Bi-Weekly Portion
<b>Blue Shield Access+ HMO</b>						
Employee Only	0641	909.87	618.71	309.36	291.16	145.58
Emp. & 1 dep.	0642	1,819.74	1,237.42	618.71	582.32	291.16
Emp. & 2+ deps.	0643	2,365.66	1,608.66	804.33	757.00	378.50
<b>PERS Choice PPO</b>						
Employee Only	3231	736.28	500.68	250.34	235.60	117.80
Emp. & 1 dep.	3232	1,472.56	1,001.34	500.67	471.22	235.61
Emp. & 2+ deps.	3233	1,914.33	1,301.75	650.88	612.58	306.29
<b>PERSCare PPO</b>						
Employee Only	3281	986.66	618.71	309.36	367.94	183.97
Emp. & 1 dep.	3282	1,973.32	1,237.42	618.71	735.90	367.95
Emp. & 2+ deps.	3283	2,565.32	1,608.66	804.33	956.66	478.33

\*Blue Shield Access+ is also known as Blue Shield of CA HMO