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AREA & MANAGEMENT BENEFIT CONTRIBUTION RATES October 2017 thru September 30, 2018

ANTHEM BLUE CROSS PPO SINGLE 80%	157.50	\$162.36
ANTHEM BLUE CROSS PPO SINGLE +1 80%	282.78	\$290.34
ANTHEM BLUE CROSS PPO FAMILY 80%	372.60	\$384.66
ANTHEM BLUE CROSS PPO SINGLE 90%	168.30	\$173.34
ANTHEM BLUE CROSS PPO SINGLE +1 90%	302.22	\$310.14
ANTHEM BLUE CROSS PPO FAMILY 90%	398.34	\$411.30
ANTHEM BLUE CROSS HMO SINGLE	149.58	\$158.40
ANTHEM BLUE CROSS HMO SINGLE +1	269.28	\$282.96
ANTHEM BLUE CROSS FAMILY	354.42	\$374.94
KAISER SINGLE \$10 COPAY	149.58	\$153.54
KAISER SINGLE +1 \$10 COPAY	269.28	\$275.04
KAISER FAMILY \$10 COPAY	354.42	\$364.14
KAISER SINGLE \$20 COPAY	132.66	\$140.58
KAISER SINGLE +1 \$20 COPAY	238.86	\$251.64
KAISER FAMILY \$20 COPAY	314.46	\$333.00
DELTA DENTAL COMPOSITE	25.74	\$25.74
DELTA CARE PMI COMPOSITE	9.07	\$9.07
VSP ADVANTAGE PLAN	FULLY PAID BY DISTRICT	FULLY PAID BY DISTRICT
VSP CHOICE PLAN SINGLE	10.62	\$10.62
VSP CHOICE PLAN SINGLE +1	20.60	\$20.60
VSP CHOICE PLAN FAMILY	34.12	\$34.12

Any questions please contact the Health and Benefits Office at 928-6505

Changes cannot be made midyear unless a qualifying event occurs. Change as a result of a qualifying event must be made within 30 days of the event.

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