## AREA \& MANAGEMENT <br> BENEFIT CONTRIBUTION RATES <br> 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 |
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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.

Re:
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