

MONTHLY BAY AREA RATES

NEW BENEFIT RATES EFFECTIVE 01-01-2012 COVERAGE FOR BAY AREA

(Bay Area includes the following Counties: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma Sutter, Yolo and Yuba)

no cash-in-lieu 1-1-04

PROVIDER	PLAN	APA - Psychologist			Adult School Teachers			FSUTA-Teachers			Management			CSEAC-Clerical			CSEAS-Support			MOS Supervisors					
LEVEL	CODE	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY			
Cash in lieu (partial/full)		+ \$67.00	\$50.00	\$192.09	n/a	n/a	n/a	up to \$650-	\$75.00	\$233.00					\$75.00	\$233.00	see support contract	see support contract	see support contract				75.00	233.00	
District Contribution for Medical					n/a			up to \$650-			up to \$1300			up to \$600-			up to \$600-			up to \$600-					
Blue Shield Net Value	124X	611.59	1223.18	1590.13	611.59	1223.18	1590.13	611.59	1223.18	1590.13	611.59	1223.18	1590.13	611.59	1223.18	1590.13	611.59	1223.18	1590.13	611.59	1223.18	1590.13	611.59	1223.18	1590.13
	Dist cost	611.59	648.24	648.24	611.59	650.00	650.00	611.59	650.00	650.00	611.59	1223.18	1300.00	600.00	600.00	600.00	611.59	600.00	600.00	611.59	625.00	625.00	611.59	625.00	625.00
	Emp cost	0.00	574.94	941.89	0.00	573.18	940.13	0.00	573.18	940.13	0.00	0.00	290.13	11.59	623.18	990.13	0.00	623.18	990.13	0.00	598.18	965.13	0.00	598.18	965.13
BLUE SHIELD-HMO	102X	711.10	1422.20	1848.86	711.10	1422.20	1848.86	711.10	1422.20	1848.86	711.10	1422.20	1848.86	711.10	1422.20	1848.86	711.10	1422.20	1848.86	711.10	1422.20	1848.86	711.10	1422.20	1848.86
	Dist cost	711.10	742.81	742.81	650.00	650.00	650.00	650.00	650.00	650.00	650.00	1300.00	1300.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	625.00	625.00	600.00	625.00	625.00
	Emp cost	0.00	679.39	1106.05	61.10	772.20	1198.86	61.10	772.20	1198.86	61.10	122.20	548.86	111.10	822.20	1248.86	111.10	822.20	1248.86	86.10	797.20	1223.86	86.10	797.20	1223.86
KAISER-HMO	104X	610.44	1220.88	1587.14	610.44	1220.88	1587.14	610.44	1220.88	1587.14	610.44	1220.88	1587.14	610.44	1220.88	1587.14	610.44	1220.88	1587.14	610.44	1220.88	1587.14	610.44	1220.88	1587.14
	Dist cost	610.44	635.99	635.99	610.44	650.00	650.00	610.44	650.00	650.00	610.44	1220.88	1300.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	625.00	625.00	600.00	625.00	625.00
	Emp cost	0.00	584.89	951.15	0.00	570.88	937.14	0.00	570.88	937.14	0.00	0.00	287.14	10.44	620.88	987.14	10.44	620.88	987.14	0.00	595.88	962.14	0.00	595.88	962.14
PERSCARE (PPO)	122X	1029.23	2058.46	2676.00	1029.23	2058.46	2676.00	1,029.23	2,058.46	2,676.00	1,029.23	2,058.46	2,676.00	1,029.23	2,058.46	2,676.00	1,029.23	2,058.46	2,676.00	1,029.23	2,058.46	2,676.00	1,029.23	2,058.46	2,676.00
	Dist cost	960.65	960.95	960.95	650.00	650.00	650.00	650.00	650.00	650.00	650.00	1,300.00	1,300.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	625.00	625.00	600.00	625.00	625.00
	Emp cost	68.28	1,097.51	1,715.05	379.23	1,408.46	2,026.00	379.23	1,408.46	2,026.00	379.23	758.46	1,376.00	429.23	1,458.46	2,076.00	429.23	1,458.46	2,076.00	404.23	1,433.46	2,051.00	404.23	1,433.46	2,051.00
PERSCHOICE (PPO)	106X	574.15	1148.30	1492.79	574.15	1148.30	1492.79	574.15	1148.30	1492.79	574.15	1148.30	1492.79	574.15	1148.30	1492.79	574.15	1148.30	1492.79	574.15	1148.30	1492.79	574.15	1148.30	1492.79
	Dist cost	574.15	630.40	630.40	574.15	650.00	650.00	574.15	650.00	650.00	574.15	1148.30	1300.00	574.15	600.00	600.00	574.15	600.00	600.00	574.15	625.00	625.00	600.00	625.00	625.00
	Emp cost	0.00	517.90	862.39	0.00	498.30	842.79	0.00	498.30	842.79	0.00	0.00	192.79	0.00	548.30	892.79	0.00	548.30	892.79	0.00	523.30	867.79	0.00	523.30	867.79
PERSSELECT (PPO)	126X	487.39	974.78	1267.21	487.39	974.78	1267.21	487.39	974.78	1267.21	487.39	974.78	1267.21	487.39	974.78	1267.21	487.39	974.78	1267.21	487.39	974.78	1267.21	487.39	974.78	1267.21
	Dist cost	487.39	559.68	559.68	487.39	650.00	650.00	487.39	650.00	650.00	487.39	974.78	1267.21	487.39	600.00	600.00	487.39	600.00	600.00	487.39	625.00	625.00	600.00	625.00	625.00
	Emp cost	0.00	415.10	707.53	0.00	324.78	617.21	0.00	324.78	617.21	0.00	0.00	0.00	0.00	374.78	667.21	0.00	374.78	667.21	0.00	349.78	642.21	0.00	349.78	642.21
DELTA DENTAL GROUP # 7010	Family Plan	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88
			0015			0012			0012			0013			0028			0014			0015				
LIFE INSURANCE CT503045		Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l
	Value	25,000.00	50,000.00	75,000.00	N/A	N/A	N/A	30,000.00	60,000.00	90,000.00	50,000.00	100,000.00	150,000.00	25,000.00	50,000.00	75,000.00	25,000.00	50,000.00	75,000.00	25,000.00	50,000.00	75,000.00	25,000.00	50,000.00	75,000.00
	Emp Cost	0.00	5.00	10.00				0.00	6.00	12.00	0.00	10.00	20.00	0.00	5.00	10.00	0.00	5.00	10.00	0.00	5.00	10.00	0.00	5.00	10.00
	Division		2			3			3			4			2			2			2				2
Vision Service Plan		8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13
00774101 Div 0136		X	X	X							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
00774101 Div 0138					X	X	X	X	X	X															
125 plan numbers			502			503			503			501			504			505						506	
benefit code			AP			CE			CE			MA			CL			SP					OS		

MONTHLY RATES SACRAMENTO AREA

NEW BENEFIT RATES EFFECTIVE 01-01-12 COVERAGE (SACRAMENTO AREA)

(Sacramento Area includes the following Counties: El Dorado, Placer and Sacramento)

		no cash-in-lieu 1-1-04																					
PROVIDER	PLAN	APA - Psychologist			Adult School Teachers			FSUTA-Teachers			Management			CSEAC-Clerical			CSEAS-Support			MOS Supervisors			
LEVEL	CODE	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	
Cash in lieu (partial/full)		+ \$67.00	\$50.00	\$192.09	n/a	n/a	n/a	up to \$650-	\$75.00	\$233.00			\$75.00	\$233.00	\$75.00	\$233.00	see support contract	see support contract	see support contract			75.00	233.00
District Contribution for Medical					n/a			up to \$650-			up to \$1300-			up to \$600-			up to \$600-			up to \$600-			
Blue Shield Net Value	123X	553.09	1106.18	1438.03	553.09	1106.18	1438.03	553.09	1106.18	1438.03	553.09	1106.18	1438.03	553.09	1106.18	1438.03	553.09	1106.18	1438.03	553.09	1106.18	1438.03	
	Dist cost	553.09	608.43	608.43	553.09	650.00	650.00	553.09	650.00	650.00	553.09	1106.18	1300.00	553.09	600.00	600.00	553.09	600.00	600.00	553.09	625.00	625.00	
	Emp cost	0.00	497.75	829.60	0.00	456.18	788.03	0.00	456.18	788.03	0.00	0.00	138.03	0.00	506.18	838.03	0.00	506.18	838.03	0.00	481.18	813.03	
BLUE SHIELD-HMO	101X	636.92	1273.84	1655.99	636.92	1273.84	1655.99	636.92	1273.84	1655.99	636.92	1273.84	1655.99	636.92	1273.84	1655.99	636.92	1273.84	1655.99	636.92	1273.84	1655.99	
	Dist cost	636.92	676.14	676.14	636.92	650.00	650.00	636.92	650.00	650.00	636.92	1273.84	1300.00	600.00	600.00	600.00	600.00	600.00	600.00	625.00	625.00	625.00	
	Emp cost	0.00	597.70	979.85	0.00	623.84	1005.99	0.00	623.84	1005.99	0.00	0.00	355.99	36.92	673.84	1055.99	36.92	673.84	1055.99	11.92	648.84	1030.99	
KAISER-HMO	103X	562.69	1125.38	1462.99	562.69	1125.38	1462.99	562.69	1125.38	1462.99	562.69	1125.38	1462.99	562.69	1125.38	1462.99	562.69	1125.38	1462.99	562.69	1125.38	1462.99	
	Dist cost	562.69	591.51	591.51	562.69	650.00	650.00	562.69	650.00	650.00	562.69	1125.38	1300.00	562.69	600.00	600.00	562.69	600.00	600.00	562.69	625.00	625.00	
	Emp cost	0.00	533.87	871.48	0.00	475.38	812.99	0.00	475.38	812.99	0.00	0.00	162.99	0.00	525.38	862.99	0.00	525.38	862.99	0.00	500.38	837.99	
PERSCARE (PPO)	121X	957.44	1914.88	2489.34	957.44	1914.88	2489.34	957.44	1,914.88	2,489.34	957.44	1,914.88	2,489.34	957.44	1,914.88	2,489.34	957.44	1,914.88	2,489.34	957.44	1,914.88	2,489.34	
	Dist cost	898.50	898.50	898.50	650.00	650.00	650.00	650.00	650.00	650.00	957.44	1,300.00	1,300.00	600.00	600.00	600.00	600.00	600.00	600.00	625.00	625.00	625.00	
	Emp cost	58.94	1,016.38	1,590.84	307.44	1,264.88	1,839.34	307.44	1,264.88	1,839.34	0.00	614.88	1,189.34	357.44	1,314.88	1,889.34	357.44	1,314.88	1,889.34	332.44	1,289.88	1,864.34	
PERSCHOICE (PPO)	105X	534.10	1068.20	1388.66	534.10	1068.20	1388.66	534.10	1068.20	1388.66	534.10	1068.20	1388.66	534.10	1068.20	1388.66	534.10	1068.20	1388.66	534.10	1068.20	1388.66	
	Dist cost	534.10	591.04	591.04	534.10	650.00	650.00	534.10	650.00	650.00	534.10	1068.20	1300.00	534.10	600.00	600.00	534.10	600.00	600.00	534.10	625.00	625.00	
	Emp cost	0.00	477.16	797.62	0.00	418.20	738.66	0.00	418.20	738.66	0.00	0.00	88.66	0.00	468.20	788.66	0.00	468.20	788.66	0.00	443.20	763.66	
PERSSELECT (PPO)	125X	453.39	906.78	1178.81	453.39	906.78	1178.81	453.39	906.78	1178.81	453.39	906.78	1178.81	453.39	906.78	1178.81	453.39	906.78	1178.81	453.39	906.78	1178.81	
	Dist cost	453.39	525.27	525.27	453.39	650.00	650.00	453.39	650.00	650.00	453.39	906.78	1178.81	453.39	600.00	600.00	453.39	600.00	600.00	453.39	625.00	625.00	
	Emp cost	0.00	381.51	653.54	0.00	256.78	528.81	0.00	256.78	528.81	0.00	0.00	0.00	0.00	306.78	578.81	0.00	306.78	578.81	0.00	281.78	553.81	
DELTA DENTAL GROUP # 7010	Family Plan	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	116.88	
		0015			0012			0012			0013			0028			0014			0015			
LIFE INSURANCE CT503045	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l	Basic	1 Add'l	2 Add'l		
	Value	25,000.00	50,000.00	75,000.00	N/A	N/A	N/A	30,000.00	60,000.00	90,000.00	50,000.00	100,000.00	150,000.00	25,000.00	50,000.00	75,000.00	25,000.00	50,000.00	75,000.00	25,000.00	50,000.00	75,000.00	
	Emp Cost	0.00	5.00	10.00				0.00	6.00	12.00	0.00	10.00	20.00	0.00	5.00	10.00	0.00	5.00	10.00	0.00	5.00	10.00	
	Division	2			3			3			4			2			2						
Vision Service Plan		8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	8.79	17.58	28.13	
00774101 Div 0136		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
00774101 Div 0138					X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	
125 plan numbers			502			503			503			501			504			505			506		
benefit code			AP			CE			CE			MA			CL			SP			OS		