

**Chula Vista Elementary School District
SUMMARY OF INSURANCE PREMIUMS
Benefit-Eligible Employees**

January 1 through December 31, 2014			
	MONTHLY PREMIUM	MONTHLY DISTRICT COST	MONTHLY EMPLOYEE COST
<u>KAISER 10</u>			
Employee Only	492.18	492.18	0.00
Employee + 1 (<i>Delta PPO employee only paid by District</i>)	959.76	565.49	394.27
Employee + 1 (<i>DeltaCare employee only paid by District</i>)	959.76	582.89	376.87
Employee + 1 (<i>Western Dental employee only paid by District</i>)	959.76	586.73	373.03
Employee + Family (<i>Delta PPO employee only paid by District</i>)	1,363.30	565.49	797.81
Employee + Family (<i>DeltaCare employee only paid by District</i>)	1,363.30	582.89	780.41
Employee + Family (<i>Western Dental employee only paid by District</i>)	1,363.30	586.73	776.57
<u>Anthem Blue Cross - Select Network HMO</u>			
Employee + 0	526.43	526.43	0.00
Employee + 1 (<i>Delta PPO employee only paid by District</i>)	984.76	565.49	419.27
Employee + 1 (<i>DeltaCare employee only paid by District</i>)	984.76	582.89	401.87
Employee + 1 (<i>Western Dental employee only paid by District</i>)	984.76	586.73	398.03
Employee + Family (<i>Delta PPO employee only paid by District</i>)	1,348.29	565.49	782.80
Employee + Family (<i>DeltaCare employee only paid by District</i>)	1,348.29	582.89	765.40
Employee + Family (<i>Western Dental employee only paid by District</i>)	1,348.29	586.73	761.56
<u>Anthem Blue Cross - PPO</u>			
Employee + 0 (<i>Delta PPO employee only paid by District</i>)	901.56	565.49	336.07
Employee + 0 (<i>DeltaCare employee only paid by District</i>)	901.56	582.89	318.67
Employee + 0 (<i>Western Dental employee only paid by District</i>)	901.56	586.73	314.83
Employee + 1 (<i>Delta PPO employee only paid by District</i>)	1,893.28	565.49	1,327.79
Employee + 1 (<i>DeltaCare employee only paid by District</i>)	1,893.28	582.89	1,310.39
Employee + 1 (<i>Western Dental employee only paid by District</i>)	1,893.28	586.73	1,306.55
Employee + Family (<i>Delta PPO employee only paid by District</i>)	2,704.68	565.49	2,139.19
Employee + Family (<i>DeltaCare employee only paid by District</i>)	2,704.68	582.89	2,121.79
Employee + Family (<i>Western Dental employee only paid by District</i>)	2,704.68	586.73	2,117.95
<u>Delta PPO</u>			
Employee Only	37.18	37.18	0.00
1 Dependent	83.89	37.18	46.71
Family	108.28	37.18	71.10
<u>DeltaCare USA</u>			
Employee Only	19.78	19.78	0.00
1 Dependent	38.32	19.78	18.54
Family	60.75	19.78	40.97
<u>Western Dental</u>			
Employee Only	15.94	15.94	0.00
1 Dependent	28.71	15.94	12.77
Family	44.64	15.94	28.70
<u>Medical Eye Services</u>			
Employee Only	5.24	5.24	0.00
Employee + 1 Dependent	10.44	5.24	5.20
Employee + Family	13.28	5.24	8.04
<u>Income Protection</u>			
	14.40	14.40	0.00
<u>Life Insurance</u>			
\$50,000 Basic Life	3.50	3.50	0.00
Voluntary Employee-Paid Life	varies - age rated	0.00	varies - age rated