

TURLOCK UNIFIED SCHOOL DISTRICT

BENEFIT SELECTION WORKSHEET

Rates Effective January 1, 2019

Name: _____

ID# _____

Effective date: _____

The District's health and welfare plans are listed below. Please indicate your choice of coverage.

In order for changes to be effective, all appropriate forms must be submitted to the Finance & Accountability Office.

Please note: your actual rate may be slightly different based on your selected region of healthcare.

Medical	Group	Employee Only	Employee Plus One	Employee & Family	Monthly Cost
Blue Shield HMO	PH0001-0001	\$ 979.06	\$ 1,958.11	\$ 2,545.55	
Kaiser	00003-20	\$ 784.93	\$ 1,569.86	\$ 2,040.82	
Anthem HMO Select	HNB050E	\$ 593.59	\$ 1,187.18	\$ 1,543.34	
Anthem HMO Trad	HTB050E	\$ 1,337.45	\$ 2,674.90	\$ 3,477.37	
PERS Select	4300	\$ 512.52	\$ 1,025.03	\$ 1,332.54	
PERS Choice	SB050F	\$ 868.94	\$ 1,737.89	\$ 2,259.25	
PERS Care	CB050A	\$ 1,088.33	\$ 2,176.65	\$ 2,829.65	
Dental					
Delta PPO Incentive	6774-0517	\$ 140.46	\$ 140.46	\$ 140.46	
United Health Care	711941	\$ 24.54	\$ 45.06	\$ 67.69	
Delta Dental - PPO	6774-0655	\$ 57.81	\$ 104.17	\$ 163.70	
DeltaCare DMO	71961-00310	\$ 18.99	\$ 31.34	\$ 46.36	
Vision					
TTA/CSEA/TCAFT	12227172	\$ 14.46	\$ 28.93	\$ 36.45	
Non-Represented	12227172	\$ 15.99	\$ 31.98	\$ 40.29	

All employees must take District offered health insurance or provide evidence of outside coverage.

Total Contribution	
Employee Responsibility	

DISTRICT'S CONTRIBUTION		MONTHLY	ANNUAL
CSEA, CONF, MGMT, STUDENT SUPPORT, TC/AFT		\$777.42	\$9,329.00
TTA	EMPLOYEE ONLY	\$777.42	\$9,329.00
	EMPLOYEE + 1	\$860.75	\$10,329.00
	EMPLOYEE + FAMILY	\$944.08	\$11,329.00
Benefit cap cash-out options are available for employees (CSEA - \$3,843 annually; TC/AFT - \$3,467 annually) hired prior to 7/1/16 if evidence of coverage is provided.			
Benefit cap cash-out option is available for employees hired after 7/1/16 if evidence of health insurance coverage is provided (\$3,000 annually).			