

Page Unified School District #8
2019-2020 Monthly Insurance Rates for ACTIVE Employees

MEDICAL – ASBAIT Aetna POS II

DISTRICT PLAN 1	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
CLASSIC-SILVER	\$0 <i>- NO COST to employee, \$449 paid by PUSD.</i>	\$449.00	\$301.00	\$686.00
	Yearly Deductible	\$500/member \$1,000 max/family	Coinsurance	80% after deductible
	Yearly Out-of-Pocket	\$4,500/member, \$9,000 max/family	Office Visit Co-Pay	\$30 primary \$40 specialist
DISTRICT PLAN 2	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
CO-PAY GOLD	\$67.00 <i>- PUSD pays \$449 for employee.</i>	\$584.00	\$414.00	\$858.00
	Yearly Deductible	N/A	Coinsurance	N/A
	Yearly Out-of-Pocket	\$6,350/member \$12,700 max/family	Office Visit Co-Pay	\$30 primary \$40 specialist
DISTRICT PLAN 3	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HDHP (HSA)	\$0 <i>- NO COST to employee, \$373.50 paid by PUSD.</i>	\$371.00	\$250.00	\$569.00
	Yearly Deductible	\$1,350/member \$2,700/family	Coinsurance	80% after deductible
	Yearly Out-of-Pocket	\$6,000/member \$12,000/family	Office Visit Co-Pay	80% after deductible
	<i>If you elect the HDHP, PUSD will put \$75.50 per month into a Health Savings Account for you. Full family deductible must be met before benefits get paid out by insurance for family coverage.</i>			

DENTAL – Delta Dental PPO

DISTRICT PLAN	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
	\$18.74	\$49.99	\$49.91	\$68.81
<i>When a married couple are PUSD Employees, each employee enrolls into individual plans. If the married couple have children, only one employee can elect "children" or "family" coverage.</i>				

VISION – Vision Service Plan (VSP)

DISTRICT PLAN	Employee Only	Employee + 1	Employee + 2 or more
BASE	\$0 <i>- PUSD pays \$4.21 for employee.</i>	\$1.89	\$6.73
BUY-UP	\$4.26 <i>- PUSD pays \$4.21 for employee</i>	\$8.07	\$17.82

LIFE – Lincoln

DISTRICT PLAN	Employee Only (\$50,000)	Supplemental Dependent
	\$0 <i>(PUSD pays \$7.00 for employee)</i>	\$2.52 <i>(\$15,000 for Spouse, \$5,000 for Child)</i>
<i>Additional Life Insurance available at Employee's expense. Rates are based on age and amount. See enrollment information.</i>		

- Insurance rates and payroll deductions are based on the Fiscal Year. Your coverage begins first of the month following 30-days of employment. Your coverage will terminate the last day of the month of your last day of work.
- Your actual payroll deduction will depend on your contract type and pay option. Other variables include: hire date, first payroll for new employees and/or changes in coverage on continuing employees.
- All benefits paperwork must be turned in within 30 days of receiving benefits package.
- For continuing employees – Payroll Deduction will be the total "Monthly Rate" multiplied by 12 months, then divided by the number of pay periods in your contract type and you pay option.

Pay Periods	9-Month (18 Pay Periods)	10-month (20 Pay Periods)	12-month (25 Pay Periods)	Certified – EP (20 Pay Periods)	Certified – BOC (25 Pay Periods)
Medical	Classic Silver				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$299.34	\$269.40	\$215.52	\$269.40	\$215.52
Employee + Children	\$200.67	\$180.60	\$144.48	\$180.60	\$144.48
Employee + Family	\$457.34	\$411.60	\$329.28	\$411.60	\$329.28
	Co-Pay Gold				
Employee Only	\$44.67	\$40.20	\$32.16	\$40.20	\$32.16
Employee + Spouse	\$389.34	\$350.40	\$280.32	\$350.40	\$280.32
Employee + Children	\$276.00	\$248.40	\$198.72	\$248.40	\$198.72
Employee + Family	\$572.00	\$514.80	\$411.84	\$514.80	\$411.84
	HDHP (HSA)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$247.34	\$222.60	\$178.08	\$222.60	\$178.08
Employee + Children	\$166.67	\$150.00	\$120.00	\$150.00	\$120.00
Employee + Family	\$379.34	\$341.40	\$273.12	\$341.40	\$273.12
Dental	Dental- Delta Dental				
Employee Only	\$12.50	\$11.25	\$9.00	\$11.25	\$9.00
Employee + Spouse	\$33.33	\$30.00	\$24.00	\$30.00	\$24.00
Employee + Children	\$33.28	\$29.95	\$23.96	\$29.95	\$23.96
Employee + Family	\$45.88	\$41.29	\$33.03	\$41.29	\$33.03
Vision	Vision – Base Vision Service Plan (VSP)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$1.26	\$1.14	\$0.91	\$1.14	\$0.91
Employee + Children	\$4.49	\$4.04	\$3.23	\$4.04	\$3.23
Employee + Family	\$4.49	\$4.04	\$3.23	\$4.04	\$3.23
	Vision: Buy-Up Plan Vision Service Plan (VSP)				
Employee Only	\$2.84	\$2.56	\$2.05	\$2.56	\$2.05
Employee + Spouse	\$5.38	\$4.85	\$3.88	\$4.85	\$3.88
Employee + Children	\$11.88	\$10.70	\$8.56	\$10.70	\$8.56
Employee + Family	\$11.88	\$10.70	\$8.56	\$10.70	\$8.56

You can view all information regarding your benefits at www.page.benefitseasy.com

USERNAME: page **PASSWORD:** benefits

For any questions or concerns regarding your benefits please contact us.

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