



## Summary of LBCC Premium Costs for Health Insurance Benefits

**Fiscal Year 2011/2012**

<b>Medical Insurance</b>			Monthly Rate (12)	Annual Rate	EE Contrib tenthy**	EE Contrib annual**	Distr Contrib annual
<b>Blue Cross PPO (90/70% Prudent Buyer Plan)</b>							
<b>CCA Plan:</b> \$350/\$1050 deductible/\$20 office visit co-pay	Employee	\$	982.71	\$ 11,792.52	\$ 47.17	\$ 471.70	\$ 11,320.82
drugs-retail 30 days with \$15/\$25/\$35 co-pay	Employee + 1	\$	1,655.99	\$ 19,871.88	\$ 119.23	\$ 1,192.31	\$ 18,679.57
mail order-90 days with \$15/\$50/\$70 co-pay	Family	\$	1,780.42	\$ 21,365.04	\$ 170.92	\$ 1,709.20	\$ 19,655.84
<b>AFT/MGT Plan:</b> \$350/\$1050 deductible/\$20 office visit co-pay	Employee	\$	951.27	\$ 11,415.24	\$ 45.66	\$ 456.61	\$ 10,958.63
drugs-retail 30 days with \$15/\$25/\$35 co-pay	Employee + 1	\$	1,602.52	\$ 19,230.24	\$ 115.38	\$ 1,153.81	\$ 18,076.43
mail order-90 days with \$15/\$50/\$70 co-pay	Family	\$	1,722.87	\$ 20,674.44	\$ 165.40	\$ 1,653.96	\$ 19,020.48
<b>Blue Cross HMO (California Care) CCA/AFT/MGT</b>							
\$20 office visit co-pay	Employee	\$	478.20	\$ 5,738.40	\$ 22.95	\$ 229.54	\$ 5,508.86
drugs-retail 30 days with \$15/\$25/\$35 co-pay	Employee + 1	\$	956.41	\$ 11,476.92	\$ 68.86	\$ 688.62	\$ 10,788.30
mail order-90 days with \$15/\$50/\$70 co-pay	Family	\$	1,362.86	\$ 16,354.32	\$ 130.83	\$ 1,308.35	\$ 15,045.97
<b>Kaiser Permanente HMO CCA/AFT/MGT</b>							
\$20 office visit co-pay	Employee	\$	470.10	\$ 5,641.20	\$ 22.56	\$ 225.65	\$ 5,415.55
drugs have \$15/\$15 co-pay up to 100 days	Employee + 1	\$	940.20	\$ 11,282.40	\$ 67.69	\$ 676.94	\$ 10,605.46
	Family	\$	1,330.38	\$ 15,964.56	\$ 127.72	\$ 1,277.16	\$ 14,687.40
<b>Behavioral &amp; Mental Health Insurance</b>							
<b>Managed Health Network (MHN) CCA/AFT/MGT</b>							
Mental Health & EAP (employee assistance plan)	Employee	\$	22.76	\$ 273.12	\$ 1.09	\$ 10.92	\$ 262.20
	Employee + 1	\$	22.76	\$ 273.12	\$ 1.64	\$ 16.39	\$ 256.73
	Family	\$	22.76	\$ 273.12	\$ 2.18	\$ 21.85	\$ 251.27
<b>Dental Insurance</b>							
<b>* Delta Dental PPO Self-Insured CCA/AFT/MGT</b>							
\$25/\$75 deductible	Employee	\$	50.81	\$ 609.72	\$ 2.44	\$ 24.39	\$ 585.33
\$2,200 in PPO network , \$2,000 out-of-network	Employee + 1	\$	86.38	\$ 1,036.56	\$ 6.22	\$ 62.19	\$ 974.37
Orthodontia not covered	Family	\$	132.11	\$ 1,585.32	\$ 12.68	\$ 126.83	\$ 1,458.49
<b>DeltaCare HMO (PMI) CCA/AFT/MGT</b>							
Prepaid dental benefit	Employee	\$	24.31	\$ 291.72	\$ 1.17	\$ 11.67	\$ 280.05
Orthodontia \$1,300 co-pay <19, \$1,600 co-pay 19 ar	Employee + 1	\$	40.20	\$ 482.40	\$ 2.89	\$ 28.94	\$ 453.46
	Family	\$	60.45	\$ 725.40	\$ 5.80	\$ 58.03	\$ 667.37
<b>Vision Insurance</b>							
<b>* Vision Service Plan (VSP) Self-insured CCA/AFT/MGT</b>							
\$10 co-pay , exam & lenses once per plan year	Employee	\$	7.59	\$ 91.08	\$ 0.36	\$ 3.64	\$ 87.44
frames every other plan year	Employee + 1	\$	15.16	\$ 181.92	\$ 1.09	\$ 10.92	\$ 171.00
	Family	\$	24.41	\$ 292.92	\$ 2.34	\$ 23.43	\$ 269.49
<b>Life Insurance</b>							
<b>Blue Cross Life CCA/AFT/MGT</b>							
District provided benefit \$100,000 (active employees only)		\$	19.00	\$ 228.00			\$ 228.00

#Annual premium cost per employee uses the highest cost medical (Blue Cross PPO) and dental (Delta Dental PPO).

#Life insurance is provided for the employee only (no dependent coverage) and is not part of the calculation of employee contributions.

#District is self insured for the dental PPO and VSP. Premium tiers are the maximum funding liability level per employee based on claims actuarial projection by benefit consultant.

#EE contrib. are 4%, 6% & 8% of prevailing premium rates.

### Annual Premium Cost Per Employee Using Highest Cost Plans

	Total Prem.Cost	Tot. EE Cost	Tot Dist Cost	Tot. Dist Cost w/Life
<b>CCA</b>	CCA EE Only	\$ 12,766.44	\$ 510.66	\$ 12,255.78
	CCA EE + 1	\$ 21,363.48	\$ 1,281.81	\$ 20,081.67
	CCA Family	\$ 23,516.40	\$ 1,881.31	\$ 21,635.09
<b>AFT</b>	AFT EE Only	\$ 12,389.16	\$ 495.57	\$ 11,893.59
	AFT EE + 1	\$ 20,721.84	\$ 1,243.31	\$ 19,478.53
	AFT Family	\$ 22,825.80	\$ 1,802.63	\$ 20,999.74
<b>MGT</b>	MGT EE Only	\$ 12,389.16	\$ 495.57	\$ 11,893.59
	MGT EE + 1	\$ 20,721.84	\$ 1,243.31	\$ 19,478.53
	MGT Family	\$ 22,825.80	\$ 1,802.63	\$ 20,999.74