

HEALTH INSURANCE OPTIONS/RATES			
2007/2008 SCHOOL YEAR			
CSEA			
Active Employees			
Single: 92.5% Family: 92.5%			
Plan	BC/BS Alt PPO	MVP	BC/BS HMO
Office Copay	\$15 In Network 70% UCR Out of Network	\$15	\$10
Deductible	\$300/\$750	N/A	N/A
Prescription	\$5/\$20	\$5/\$20/\$40	\$10/\$20/\$30
Hospitalization	100%	100%	100%
Premiums			
Single			
Monthly Premium	\$549.08	\$490.17	\$589.03
District Share	\$507.90	\$453.41	\$544.85
Employee Share	\$41.18	\$36.76	\$44.18
Bi-weekly Deduction			
10-month employees	\$24.71	\$22.06	\$26.51
12-month employees	\$20.59	\$18.38	\$22.09
Two Person			
Monthly Premium	N/A	N/A	\$1,148.68
District Share	N/A	N/A	\$1,062.53
Employee Share	N/A	N/A	\$86.15
Bi-weekly Deduction			
10-month employees	N/A	N/A	\$51.69
12-month employees	N/A	N/A	\$43.08
Family			
Monthly Premium	\$1,186.67	\$1,267.87	\$1,708.25
District Share	\$1,097.67	\$1,172.78	\$1,580.13
Employee Share	\$89.00	\$95.09	\$128.12
Bi-weekly Deduction			
10-month employees	\$53.40	\$57.05	\$76.87
12-month employees	\$44.50	\$47.55	\$64.06