

HEALTH INSURANCE OPTIONS/RATES			
2007/2008 SCHOOL YEAR			
NURSES			
Active Employees			
Single: 90% of DEHIC Alt PPO			
Family: 90% of DEHIC Alt PPO			
The district shall contribute 90% toward HMO Plans, but that contribution shall never exceed the 90% contribution toward the Alt PPO			
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	\$490.18	\$589.03
District Share	\$494.17	\$441.16	\$494.17
Employee Share	\$54.91	\$49.02	\$94.86
Bi-weekly Deduction	\$32.94	\$29.41	\$56.91
Two Person			
Monthly Premium	N/A	N/A	\$1,148.68
District Share	N/A	N/A	\$1,033.81
Employee Share	N/A	N/A	\$114.87
Bi-weekly Deduction	N/A	N/A	\$68.92
Family			
Monthly Premium	\$1,186.67	\$1,267.87	\$1,708.25
District Share	\$1,068.00	\$1,068.00	\$1,068.00
Employee Share	\$118.67	\$199.87	\$640.25
Bi-weekly Deduction	\$71.20	\$119.92	\$384.15