

HEALTH INSURANCE OPTIONS/RATES			
2007/2008 SCHOOL YEAR			
SUPERINTENDENT/ASST. SUPERINTENDENTS			
Active Employees			
Single: 85% Family: 85%			
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	\$466.72	\$416.65	\$500.68
Employee Share	\$82.36	\$73.53	\$88.35
Bi-weekly Deduction	\$41.18	\$36.76	\$44.18
Two Person			
Monthly Premium	N/A	N/A	\$1,148.68
District Share	N/A	N/A	\$976.38
Employee Share	N/A	N/A	\$172.30
Bi-weekly Deduction	N/A	N/A	\$86.15
Family			
Monthly Premium	\$1,186.67	\$1,267.87	\$1,708.25
District Share	\$1,008.67	\$1,077.69	\$1,452.01
Employee Share	\$178.00	\$190.18	\$256.24
Bi-weekly Deduction	\$89.00	\$95.09	\$128.12