

**HEALTH INSURANCE OPTIONS/RATES
2011/2012 SCHOOL YEAR**

**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	\$20	\$20
Deductible	\$300/\$750	N/A	N/A
Prescription	\$5/\$20	\$5/\$20/\$40	\$10/\$20/\$30
Hospitalization	100%	\$240 Co-pay	\$250 Co-pay
Premiums			
Single			
Monthly Premium	\$707.70	\$628.69	\$883.47
District Share	\$601.55	\$534.39	\$750.95
Employee Share	\$106.15	\$94.30	\$132.52
Bi-weekly Deduction	\$53.08	\$47.15	\$66.26
Two Person			
Monthly Premium	N/A	N/A	\$1,722.76
District Share	N/A	N/A	\$1,464.35
Employee Share	N/A	N/A	\$258.41
Bi-weekly Deduction	N/A	N/A	\$129.21
Family			
Monthly Premium	\$1,578.18	\$1,571.74	\$2,562.07
District Share	\$1,341.45	\$1,335.98	\$2,177.76
Employee Share	\$236.73	\$235.76	\$384.31
Bi-weekly Deduction	\$118.37	\$117.88	\$192.16