

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

<b>Plan</b>	<b>BC/BS Alt PPO</b>	<b>MVP</b>	<b>BC/BS HMO</b>
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
<b>Premiums</b>			
<b>Single</b>			
Monthly Premium	\$707.70	\$628.69	\$883.47
District Share	\$636.93	\$565.82	\$636.93
Employee Share	\$70.77	\$62.87	\$246.54
Bi-weekly Deduction	\$42.46	\$37.72	\$147.92
<b>Two Person</b>			
Monthly Premium	N/A	N/A	\$1,722.76
District Share	N/A	N/A	\$1,550.48
Employee Share	N/A	N/A	\$172.28
Bi-weekly Deduction	N/A	N/A	\$103.37
<b>Family</b>			
Monthly Premium	\$1,578.18	\$1,571.74	\$2,562.07
District Share	\$1,420.36	\$1,414.57	\$1,420.36
Employee Share	\$157.82	\$157.17	\$1,141.71
Bi-weekly Deduction	\$94.69	\$94.30	\$685.03